MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 91 ..... File No. 38231

Township ..... Primary Registration District No. 03 ..... Registered No. 9872

City St Louis (No. 1518 S 11th St ..... St. ..... Ward)

2. FULL NAME Katherine Seebach

(a) Residence, No. 1518 S 11th St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Seebach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26 1897

7. AGE: YEARS 36 | MONTHS 5 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Ernest Hartman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fred Seebach 1518 S 11th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Picker DATE: Nov 17 1933

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED: NOV 16 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to Nov 14, 1933

I last saw her alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mel (Coma & Shock)	1 yr
59	
5 1 9	
9 5 11	
59	
Other contributory causes of importance: Acute Myocarditis	1 day

Name of operation: None Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W Sansbury, M. D.
(Address) 3258 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.