

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

Do not use this space.

41519

File No.
Registered No. 10526
St. Ward)

PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1023
City St. Louis, Mo. (No. 1813A Lafayette St.)

2. FULL NAME Mary I. Seghers
(a) Residence, No. 1813A Lafayette St. 11 Ward. (If nonresident, give city or town and State)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Joseph E. Seghers.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1875</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>-</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>	
	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) <u>St. Louis Mo.</u>		
MOTHER	13. NAME <u>Thomas Beefer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>	
	15. MAIDEN NAME <u>Bridget Ryan</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Mrs. May Sullivan</u> (ADDRESS) <u>1813A Lafayette St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Celery Cem.</u> DATE <u>Dec. 9, 1933</u>		
19. UNDERTAKER <u>Bergsack Undert. Co.</u> (ADDRESS) <u>3661 Mississippi St.</u>		
20. FILED <u>8</u> 19 <u>33</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 6, 1933
I last saw her... alive on Dec 6, 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset Nov 20 1933
1078

Other contributory causes of importance:
1078

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: No
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..... (P.I.X.O.N.)
(Signed) C.H. Dixon, M. D.
(Address) 2418 N. Grand Blvd., St. Louis, Mo.

PAPER RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934

