

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

Do not use this space.

MAY 25 1934

14589

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City)

File No.....
 Registered No. 3775
 St. Ward)

2. FULL NAME

(a) Residence, No. Carl Seeger
 (Usual place of abode) 2210 Chippewa 24

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Seeger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1878</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)
Germany

FATHER

13. NAME Carl Seeger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

MOTHER

15. MAIDEN NAME Pauline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Wm J. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 4-16 1934

19. UNDERTAKER (ADDRESS)
Witt Bros. & Co. 292 S. Jefferson

20. FILED J. H. Hebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/12 1934, to 4/13 1934.
 I last saw him alive on 4/13 1934. Death is said to have occurred on the date stated above, at 2:45 m.

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

Ruptured Aneurism of Aorta
24 34
96

Other contributory causes of importance:
None

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....

(Signed) W. J. ... M. D.
 (Address) City

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.

