

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.

#1 2860

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *City Infirmary*)

Registration District No. **1003**
Primary Registration District No.

41189
File No. *11173*
Registered No. St. Ward)

2. FULL NAME

Ernest Seck
(a) Residence, No. *City Infirmary* St., *13* Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred *37* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|---|--|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 20, 1873</i> | | | | |
| 7. AGE | YEARS <i>61</i> | MONTHS <i>7</i> | DAYS <i>26</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i> | | | |
| | 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) <i>Saginaw Mich.</i> | | | | |
| FATHER | 13. NAME <i>Christy Seck</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i> | | | |
| MOTHER | 15. MAIDEN NAME <i>Missie ?</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i> | | | |
| 17. INFORMANT (ADDRESS) <i>J. J. Sullivan 5700 Arsenal St.</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington</i> DATE <i>11-17-34</i> | | | | |
| 19. UNDERTAKER (ADDRESS) <i>Walter Richter 3570 Rutger St.</i> | | | | |
| 20. FILED <i>UV 22 1934 J. Brebeck Registrar.</i> | | | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 15*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *July 5*, 19*34*, to *Nov 15*, 19*34*
I last saw him alive on *Nov 15*, 19*34*. Death is said to have occurred on the date stated above, at *4:50 P.M.*
The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease Date of onset *6-16-34*
1930
1931
1932
1933
1934
Other contributory causes of importance:
Hypertension *6-16-34*
Chronic nephritis *6-16-34*

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:
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) *Marvin F. Hart Jr.*, M. D.
(Address) *5600 Arsenal St.*

