

AUG 9 1935

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. **791**
Township Primary Registration District No. **1003**
City *St Louis* (No. *3900* *Missouri* *art*) St. Ward) Registered No. **6431**

2. FULL NAME

(a) Residence, No. *3900 Missouri* St. *24* 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 <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>Jan 29 1908</i>		
7. AGE	YEARS <i>27</i>	MONTHS <i>5</i>
	DAYS <i>27</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>Invalid</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>St Louis mo.</i>		
FATHER	13. NAME <i>Charles Seeburger</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis mo.</i>	
MOTHER	15. MAIDEN NAME <i>Matilda Necker</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis mo.</i>	
17. INFORMANT <i>Chas J. Seeburger</i> (ADDRESS) <i>3900 Missouri</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Mo. Crematory</i> DATE <i>July 29 1935</i>		
19. UNDERTAKER <i>Shostkuts</i> (ADDRESS) <i>2906 Grand art.</i>		
20. FILED JUL 29 1935 <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *530 m.*
The principal cause of death and related causes of importance were as follows:
Nephritis following ascending infection of spinal cord resulting from fall from Express Train near Rickland Mo. 7/16/23
Date of onset *2/14*

Other contributory causes of importance:
*1860
207 m*

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury *7/16 1923*
Where did injury occur? *Rickland Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *Public Place*
Nature of injury *Fall*
Broken back

24. Was disease or injury in any way related to occupation of deceased? *no.*
If so, specify
(Signed) *Frank P. Furlong* (Address) *Coroner*

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

10066-11-32-33

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.

