

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

**791
1003**

28124

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City.....

(No. *Alexian Bro Hosp*)

St. **7210** Ward)

2. FULL NAME *Brother Marcellus Seiferle*

(a) Residence, No. *3933 So Broadway St., 24* Ward.
(Usual place of abode);

(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 *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 6th 1865*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 19

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

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) *Dec 1923* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baden Germany*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Bro. Alexius* (ADDRESS) *3933 So Broadway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter's Church* DATE *Aug 27 1935*

19. UNDERTAKER *Frank Brand* (ADDRESS) *701 So Grand*

20. FILED **AUG 26 1935** Registrar. *Frank Brand*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 24th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 7th 1935*, to *August 24, 1935*

I last saw him alive on *Aug 24th 1935*. Death is said to have occurred on the date stated above, at *2:30 P* m.

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

Primary carcinoma of pancreas Date of onset *July 28*

cum Metastasis

Other contributory causes of importance: *Operation for Cancer*

Name of operation *Cholecystomy* Date of *Aug 21-35*
What test confirmed diagnosis? *Ampl. w. d.* Was there an autopsy? *Yes*

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) *Frank Brand*, M. D.
(Address) *3548 S. Grand*

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.

