

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.

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

Do not use this space.

**JAN 23 1936**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Pleasant Hospital)

File No. 41590  
Registered No. 10834  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. ....  
(Usual place of abode)

St. RR Ward. Augusta Mo  
(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-26<sup>th</sup> 1869</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>26</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>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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>Missouri</u>		
MOTHER / FATHER	13. NAME <u>August Sehr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Katharine Veigheit</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Augusta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Augusta Mo</u> DATE <u>Dec 26<sup>th</sup> 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Albert H. ...</u>		
20. FILED <u>DEC 23 1935</u> 19 <u>J. F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Dec 21 1935.  
I last saw him alive on Dec 20 1935. Death is said to have occurred on the date stated above, at 7 a. m.  
The principal cause of death and related causes of importance were as follows:  
Compens Pneumonia  
Pleurisy  
108  
Other contributory causes of importance:  
Thrombosis Phlebitis of right leg.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify L. K. Humphreys M. D.  
(Signed) L. K. Humphreys M. D.  
(Address) 243 Blount Street

