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.

APR 11 1936

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

Do not use this space.

12661

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2698

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 4518 Washington Central Hospital Ward)

2. FULL NAME Charles A Seeger

(a) Residence, No. 5018 Maple St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12-1861

7. AGE YEARS 74 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) May 29-1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ida L Hausgen 4127 Turner

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Mar 11 1936

19. UNDERTAKER (ADDRESS) Henry L Heidenmueller 6203 Gravois

20. FILED MAR 11 1936 19 J T Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936 to Mar 8, 1936

I last saw him alive on Mar 7, 1936 Death is said to have occurred on the date stated above, at 10 A m.

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

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance:

Acute Pulmonary Congestion — 3-6-36

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? No

If so, specify

(Signed) E M Adkins, M. D.

(Address) 3012 Lafayette