

APR 24 1936

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

Do not use this space.

17037

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4627, Adkins 1003)
St. _____ Ward _____

File No. _____
Registered No. 3788
St. _____ Ward _____

2. FULL NAME Emily Seeker

(a) Residence, No. 4627 Adkins St., 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 8

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

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) St. Charles
(STATE OR COUNTRY) Missouri

13. NAME Michael Schall

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT John M. Seeker
(ADDRESS) 4627 Adkins Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE April 8, 1936

19. UNDERTAKER Weick Bros.
(ADDRESS) 2201 So. Grand Blvd.

20. FILED APR 7 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1936, to Apr. 6, 1936,
I last saw him alive on Apr. 6, 1936. Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Strangulated Abdominal hernia.

Other contributory causes of importance:

Dysentery (may have caused my hernia). Type of Dysentery unknown

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?

If so, specify _____
(Signed) J. H. H. H., M. D.

(Address) 5817 S. ...

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.

Dr. Hasy

5817 Harvard

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