

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. **1003**  
Township..... Primary Registration District No.  
City **St. Louis Mo.** (No. **Little Sisters of the Poor**)..... St. .... Ward)

20896

File No. ....  
Registered No. **5087**  
St. .... Ward)

2. FULL NAME

**Katherine Seim**

(a) Residence, No. **3400 S. Grand** St., **16** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry Seim</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 24, 1851</b>		
7. AGE	YEARS <b>85.</b>	MONTHS <b>2.</b>
	DAYS <b>15</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <b>nil.</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>---</b>	
	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) <b>Austria Hungary.</b>		
FATHER	13. NAME <b>Anton Pellner</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Austria Hungary</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Austria Hungary.</b>	
17. INFORMANT (ADDRESS) <b>Anton Seim 5415 Colague Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>San Det</b>	DATE <b>July 12- 1936</b>	
19. UNDERTAKER (ADDRESS) <b>Edith E. Amburster 4234 Manchester Ave.</b>		
20. FILED <b>MAY 11 1936</b>	<b>J. Predeck</b> Registrar.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 1** to **May 9, 1936**  
I last saw **deceased** alive on **May 4, 1936**. Death is said to have occurred on the date stated above, at **12:00 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Cerebral hemorrhage of the left base**  
**8221**  
Other contributory causes of importance:  
**arterio-sclerosis** **5/1/36**

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?.....  
If so, specify.....  
(Signed) **John V. Howell**, M. D.  
(Address) **3415 S. Grand**

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.

