

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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **Firmin Desloge Hospital**)

28939

File No. ....  
Registered No. **2708** St. .... Ward)

2. FULL NAME

**Serena Seelig,**

(a) Residence, No. **5470 Delmar Blvd.,** St. **15** 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

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

**Louis Seelig**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 13, 1875.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**60 7 5**

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

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

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) **Illinois**

13. NAME **Richard Raisback**

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

15. MAIDEN NAME **Elizabeth Miller**

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

17. INFORMANT **Miss Violet Seelig** (ADDRESS) **5470 Delmar Blvd.,**

18. BURIAL, CREMATION, OR REMOVAL **Funeral Home, Red Bud, Ill. DATE July 21/36.**

19. UNDERTAKER **Wm. W. Clark** (ADDRESS) **1125 Hodgson Ave. 1**

20. FILED **JUL 20 1936** **J. A. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 18/36.** 19

22. I HEREBY CERTIFY, That I attended deceased from **7-3**, 19**36**, to **7-18**, 19**36**

I last saw her alive on **July 17**, 19**36**. Death is said to have occurred on the date stated above **8:50 A.M.**

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

**Cancer of Rectum**

Date of onset

Other contributory causes of importance:

Name of operation **Speciation of rectum** Date of .....  
What test confirmed diagnosis? **Biopsy** Was there an autopsy? **NO**

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) **W. M. Seelye** M. D.

(Address) **1715 W. Hunter Bay**

*J. A. Bredeck*

Dr. W.K. McIntire  
Mo. Theater Bldg.,  
4-8-P.M.  
Je. 6646.

July 6-26

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