MAY 7 1937

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

Do not use this space.

791

1003

14975

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4471

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME John Segin,

(a) Residence, No. City Infirmary, St., Hospital Ward. 13

(Usual place of abode) 5800 Arsenal St. (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: Male

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: Theresa Segin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16, 1855.

7. AGE: 1855 — YEARS: 81 — MONTHS: 11 — DAYS: 13 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): X

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Illinois.

FATHER

13. NAME: Henry Segin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinios

MOTHER

15. MAIDEN NAME: Wilhelmina Thiele,

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

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: Springfield, ILL. DATE April 30/37

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED APR 29 1937 J. F. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to April 29, 1937

I last saw him alive on April 29, 1937. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

ARTERIOSCLEROSIS, GENERALIZED

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) R. S. Pray, M. D.

(Address) 5600 Arsenal

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.