

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32608.
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **4733a Tennessee Ave.**
 (c) City **St. Louis,** (d) Street No. **4733a Tennessee Ave.** Registered No. **8662**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Magdalen Seger**

(a) Residence, No. **4733a Tennessee Ave.** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Albert Seger**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16, 1881**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 **55** **10** **28**
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Indiana**

13. NAME **Simon Daunhauer**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME **Demuth**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

17. INFORMANT (ADDRESS) **Albert Seger**
4733a Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter and Paul Cem** DATE **Sept. 18, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Gebken & Co.**
2842, Meramec St.

20. FILED **SEP 15 1937** **Brueck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 14** 193722. I HEREBY CERTIFY, That I attended deceased from **Aug 19** 1937 to **Sept 14** 1937I last saw him alive on **Sept 14** 1937. Death is saidto have occurred on the date stated above, at **10:10 P.** m.

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

Carcinoma of the**Mediastinum**Other contributory causes of importance: **X**Name of operation **None** Date of **11**What test confirmed diagnosis? **Ulcer** 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) **Joseph L. Demuth** M. D.(Address) **420 9th Ave**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

----- L. E. -----
No. ----- or by -----, Registered Apprentice No. -----
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)