

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

32982

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **9036**
 (c) City **St. Louis,** (d) Street No. **Firmin Desloge Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **67** yrs. mos. **1** ds. **26** How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bruno E. Seemann
 (a) Residence, No. **1857 A Russell Blvd.** St. **23**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alma Seemann**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 5, 1870**
 7. AGE YEARS **67** MONTHS **1** DAYS **20** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Broker Insurance**
 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) **Missouri**

13. NAME **Emil Seemann**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Alma Seemannn 1857 A Russell Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Sept. 28, 37**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. B. Mondell 1826 Allen Ave.**

20. FILED **SEP 28 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 19**, 19**37**, to **Sept. 25**, 19**37**

I last saw him alive on **Sept. 25**, 19**37**. Death is said

to have occurred on the date stated above, at **4 P.** m.

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

Aneurysm of aorta with perforation
hemorrhage into pericardium
 Date of onset **Sept. 19**, 19**37**

Other contributory causes of importance:

Aneurysm of aorta

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No** Date of injury **No**, 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? **No**

If so, specify

(Signed) **C. Kleinschmidt**, M. D.

(Address) **520 West 1st St.**

STATEMENT BY LICENSED EMBALMER

I, John C. Moydell, Licensed Embalmer No. 1467,
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 John C. Moydell
Licensed Embalmer No. 1467

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.)