FEB 12 1938

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

339
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 195

(c) City St. Louis (d) Street No. 5090 Maple Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Seeger 260

(a) Residence, No. 5090 Maple Ave. St. 12

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	Unk.	Unk.	

OCCUPATION

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Phillip Seeger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Margaret Deffry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mr. Nicholas Seeger (ADDRESS) 3521 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Jan. 7, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 6 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 1-4, 1938

I last saw h. alive on 1-4, 1938. Death is said to have occurred on the date stated above, at 7:30 PM.

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

Bronchio-pneumonia — Date of onset 12-27-37

Other contributory causes of importance: Chronic Cholecystitis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Dwight L. Tennyson, M. D.

(Address) 4660 Maryland

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

126 2.30

STATEMENT BY LICENSED EMBALMER

I, W.H.Van Metre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

I. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W H Van Metre

Licensed Embalmer No. 2825

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