REG'D APR 12 1939

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

8843
Do not use this space.
2608

1. PLACE OF DEATH
(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No.
(c) City ST. LOUIS (d) Street No. En-route to City 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
251

2. PRINT FULL NAME ALFRED SEEKAMP
(a) Residence, No. 5946A HIGHLAND AVE St. 6
(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 (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY, 14, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FIREMAN
9. Industry or business in which work was done, as saw mill, bank, etc. ST. LUKES HOSP.
10. Date deceased last worked at this occupation (month and year) 3-16-39
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS. MO.

FATHER
13. NAME ELMER SEEKAMP.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS

MOTHER
15. MAIDEN NAME MARY CONNELLY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS

17. INFORMANT SARAH SEEKAMP.
(ADDRESS) 5946A HIGH LAND

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE 3-21-39, 19

19. FUNERAL DIRECTOR (NAME) CULLEN-KELLY
(ADDRESS) 1416 N. TAYLOR AVE.

20. FILED MAR 20 1939 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:
Depressed fracture of Skull and laceration of Brain, suffered when deceased was injured while driving Ford coach after running stop and street traffic policeman point of about
Date of onset
Other contributory causes of importance:
1442 No Broadway about 11:45 P.M. March 17 1939
2:10 P.M.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/17, 19 39
Where did injury occur? Ft. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Hit by Car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph McSwain M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.)

If this body is not embalmed, above space should be left blank.