

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7517 Comfort, Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) _____ (Specify whether years, months or days)

In this community: Lifetime

3. (a) PRINT FULL NAME JOHN C. SEEBURGER

3. (b) If veteran, name war none

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agusta J. Seeburger

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 9th, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>1</u>	hr. min.

9. Birthplace St. Louis Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. Warehouse

11. Industry or business _____

12. Name Phillip Seeburger

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agusta Seeburger

(b) Address 7517 Comfort Ave. Maplewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood Mo.

19. (a) SEP 13 1939 (Date received local registrar) (b) DR. Wey... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7517 Comfort, Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Lifetime years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day September
year 1939 hour 8 minute M.

21. I hereby certify that I attended the deceased from Jan 15, 1937, to SEP 10, 1939
that I last saw him alive on SEP 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal Tuberculosis

Due to and Chronic Hypertension

Other conditions 131

Major findings:
Of operations _____
Of autopsy _____

Duration 8 Months

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature DR. Wey... (M. D. or other)
Address 3507 St. Louis Date signed 9/21/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

H. M. Sigelman
2517 Atlantic

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 *JAE Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

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.