FEB 23 1940

Form No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8168

Registration District No. 784 FILED MAR 1 1940 Primary Registration District No. 111 Registrar's No. 377

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

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

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

3. (a) PRINT FULL NAME Augusta J. Seeburger 162

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Seeburger

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

7. Birth date of deceased Sept. 16, 1866 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Afton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Metzger
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Juengel
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Irvin Seeburger
(b) Address 7517 Comfort

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) FEB 23 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 23, 1940, to Feb 21, 1940 that I last saw he alive on Feb 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to 66 B	
Other conditions Toxic Thyroid (Include pregnancy within 3 months of death)	40 years

Major findings:
Of operations Large toxic thyroid with bone growing in the gland operated 2-19-40 Feb 19, 1940
Of autopsy general arteriosclerosis of all visceral vessels

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 Vincent F Townsend (M. D. or other) MD
Address 3101a Sutton Ave Maplewood Mo signed 2-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 H. S. 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.