V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9047

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2530

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3111a St. Vincent
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank X. Seiter

3. (b) If veteran, name war — 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Seiter 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 10 (Day) 1869 (Year)

8. AGE: Years 70 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Parkkeeper

11. Industry or business Clifton Heights

FATHER
12. Name George Seiter
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Thersa Helmer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Louise Seiter
(b) Address 3111a St. Vincent

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter&Paul Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) MAR 17 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 21, 1939, to March 15, 1940; that I last saw him alive on March 15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adeno carcinoma of Prostate General Carcinomatosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations as above	
Of autopsy	

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

23. Signature Robert F. Hickey (M. D. or other)
Address 634 No. Grand Date signed 3/16/40

(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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave.

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.