

No. 2
-1-4-41
-1-17-39
X28330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13148

MAILED MAY 13 1941

State File No.

3578

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5476 Wren Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether Birth)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri
(b) County 000
(c) City or town St. Louis 177
(d) Street No. 5476 Wren Ave
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Charles Seckel

3. (b) If veteran, name war. None
3. (c) Social Security No. 489-14-2273

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife Lucy Seckel nee Freebersyser
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased September 22, 1859

8. AGE: Years 81 Months 7 Days 1
If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business Union Electric Co.

12. Name Not known
13. Birthplace Germany
14. Maiden name Not known
15. Birthplace Germany

16. (a) Informant Mrs Frank Winter
(b) Address 5476 Wren Ave

17. (a) Burial (b) Date thereof 4/26/41
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 26 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23, year 1941 hour 10:20 AM minute
21. I hereby certify that I attended the deceased from April 20/41 to April 23/41
that I last saw him alive on April 23 and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy
Dyspnea

Due to 13148
Due to 2 yr
Other conditions Actus Delictus & Delictus
(Include pregnancy within 3 months of death)

Major findings: Of operations
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?
(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 [Signature] (M. D. or other)
Address 7973 Medical Date signed 4/25/41

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

MOTHER FATHER

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

Leonard Hampton

Licensed Embalmer No.

2967

P. O. Address

St. Louis, Mo.

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, fact should be so stated above.