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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19850**

FILED JUL 21 1941  
751

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **4562**

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: **4975a Easton Ave.**  
(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 **GOO**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **679**  
(d) Street No. **4975a Easton Ave.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**.  
year **1941** hour **10.00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan**  
**1941**, to **June 3rd**, 1941;  
that I last saw him alive on **June 2nd**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery**  
Duration **year or more**

Due to.....

Due to.....

Other conditions.....  
(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?..... (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 **Clayton E. Kerna** (M. D. or other) **MD**  
Address **4675 Newberry** Date signed **8/4/41**

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

3. (a) PRINT FULL NAME **George Liusig Seth.**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Margaret Seth.** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Feb. 27th, 1859**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>3</b>	<b>6</b>	hr. min.

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

10. Usual occupation **Iron Molder**

11. Industry or business **Retired**

12. Name **David Liusig**

13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Seth**

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

16. (a) Informant **Margaret Seth**

(b) Address **4975 Easton Ave**

17. (a) **Burial** (b) Date thereof **6-5-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Frank W. G.**

(b) Address **3710 N. Grand Blvd.**

19. (a) **JUN 4 - 1941** (b) **J. J. Medrich**  
(Date received local registrar) (Registrar's signature)

C. E. Kane  
14625 Newbury St  
Rd 1686  
920-10

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 \_\_\_\_\_ Me

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

Signed Robert L. Dunkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.