

No. 2
4-13-40
-17-39
X23159

FILED AUG 28 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5666

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether
In this community. 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3142 1/2 Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 10 1941 to July 8 1941.
that I last saw him alive on July 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Bladder (urinary)
Due to _____
Due to _____
Other conditions. 5 1/2 1/2
(Include pregnancy within 5 months of death)

Duration 1 yr
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME. John H. Segelke

3. (b) If veteran, name war. no 3. (c) Social Security No. 492-10-0105

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

6. (b) Name of husband or wife Minnie Segelke 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept. 27 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation watchman

11. Industry or business Anheuser-Busch

12. Name John Segelke

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

14. Maiden name Mary Rehling

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

16. (a) Informant Minnie Segelke

(b) Address 3142 1/2 Olive St.

17. (a) St. Matthews (b) Date thereof 7-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. B. L. N. Co.

(b) Address 2924 S Jefferson Av.

19. (a) JUL 9 1941 (b) J. M. Brudek
(Date received local registrar) (Registrar's signature)

Major findings: Carcinoma (urinary)
Of operations Bladder
Of autopsy _____

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 Thos. H. Hawes (M. D. or other) (M.D.)
Address 3651 Grand Ave. Date signed 7/9/41

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

2799

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.....

Paul A. Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *29298 Jeffers*

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.