No. 2-
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26172

Registration District No. 284 Primary Registration District No. 11 Registrar's No. 1693

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7346 Drexel Drive 5
(If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH A. SEE
3. (b) If veteran, name war World War
3. (c) Social Security No. 493-016066
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hermenia
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December (Month) 27 (Day) 1887 (Year)
8. AGE: Years 53 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Trenton (City, town, or county) / Ill. (State or foreign country)
10. Usual occupation dept. mgr.
11. Industry or business Bauman-Massa Jewelry Co.
FATHER 12. Name Jacob See
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Caroline Krieger
15. Birthplace Trenton, (City, town, or county) / Illinois (State or foreign country)
16. (a) Informant Hermenia E. See
(b) Address 7346 Drexel Drive
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 13 41 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Ill.
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. (a) AUG 12 1941 (Date received local registrar) (b) E. J. McGavran M.D. (Registrer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from July 25, 1941, to August 10, 1941, that I last saw him alive on August 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to arteriosclerosis of coronary vessel
Due to 9 H.A.
Other conditions edema of lungs
(Include pregnancy within 3 months of death)
Major findings: pericholecystic adhesions
Of operations
Of autopsy coronary occlusion

Duration

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 J. Herman Mayer (M. D. or other)
Address 508 So. Grand Ave. Date signed 8-11-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1941

SEP 29 1941

Dr Herman Maas
2-4 - Metropolitan Bldg

JUN 9 1953

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Jos. E. McCullough

Licensed Embalmer No. 12460

P. O. Address 1175 Delmar

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.