S. No. 4
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Fl 2244

26224

State File No.

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1550

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS Lamay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MOUNT ST. ROSE SANATORIUM O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 1 1/2 mo. (Specify whether years, months or days)

In this community 19 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4202 Sarpy (If rural, give location)

(e) If foreign born, how long in U. S. A.? 19 1 years.

3. (a) PRINT FULL NAME FRANK SEPER

3. (b) If veteran, name war No.

3. (c) Social Security No. 490-03-5630

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. (Month) 1 (Day) 1902 (Year)

8. AGE: Years 38 | Months 9 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace Unterward (City, town, or county) 4 Austria (State or foreign country)

10. Usual occupation Packinghouse Sausage Maker

11. Industry or business Sieloff Packing Co.

FATHER
12. Name Michel Seper
13. Birthplace Unterward (City, town, or county) 4 Austria (State or foreign country)

MOTHER
14. Maiden name Theresa Banko
15. Birthplace Unterward (City, town, or county) 4 Austria (State or foreign country)

16. (a) Informant Helen Seper

(b) Address 4202 Sarpy - St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter + Paul Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUL 25 1941 (Date received local registrar) (b) J. R. Meyer M.D. Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 23 11, 1940 to July 24, 1941; that I last saw him alive on July 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary ~~Tbc~~ Tuberculosis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Tuberculous Empyema of rt. side	

13 k

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 607 No. Grand Date signed 7/24/41

(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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

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.