

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

REV. 6-17-59  
FORM 1-1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 18 1941  
791

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7645

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Anthony's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 months 6 days  
In this community almost all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sister M. Augustine  
(Catherine Seyer)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August, third 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	1	18	br. min.

9. Birthplace New Hamburg, Scott Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation domestic

11. Industry or business Religious Order.

12. Name Joseph Seyer

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Richarda Wanz

15. Birthplace Unknown 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister M. Ludgera

(b) Address 3520 Chippewa St. City 9

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gubben, Liv. & Bur. Co.  
(b) Address 2842 Meramec St.

19. (a) SEP 23 1941 (Date received local registrar) (b) J. T. Budisch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 16 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3520 Chippewa St. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year Sept hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 5, 1941, to Sept 21, 1941  
that I last saw her alive on Sept 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic myocarditis</u>	
Due to <u>Chronic Intestinal nephritis</u>	
Due to <u>Chronic nephritis</u>	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically
Of autopsy	

22. If death was due to external causes, fill in the following:

(a) Accidental, 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 Martin J. Seyer (M. D.)  
Address 526 Olvera St. Date signed 9-22-41

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**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.....

**Joseph S. Benz**

Registered Apprentice No. **218**

working under my personal supervision.

Signed

*Laron E. Reese*

Licensed Embalmer No. **4094**

**2842 Meramec St.**

P. O. Address **St. Louis, Missouri**

**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.**