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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33126

Registration District No. 791 I Primary Registration District No. 1003 Registrar's No. 8080

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: 1502 SOUTH 10th ST 1
(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 000 19
(c) City or town ST. LOUIS 0 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1502 S. 10th St — 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED SEEBACH SR

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

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife LOUISE SEEBACH
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased JUNE 16 (Month) 1867 (Day) (Year)

8. AGE: Years 74, Months 3, Days 8, If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)
10. Usual occupation DAY LABORER
11. Industry or business
FATHER
12. Name FRED SEEBACH
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name MARY ZIRCHER
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
16. (a) Informant LOUISE SEEBACH
(b) Address 1502 SOUTH 10 ST
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 11 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation SAPPINGTON MO.
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave
19. (a) OCT 9 1941 (Date received local registrar) (b) J F Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1941 hour 5 50 minute A M.
21. I hereby certify that I attended the deceased from Oct 3rd 1941 to Oct 8th 1941
that I last saw him alive on Oct 8th 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage apoplexy	5 days
Due to Chronic myocarditis	Indefinite
Due to Arteriosclerosis	Indefinite
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations ~~none~~ No operations	
Of autopsy none	

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 W A Friew (M. D. ~~or other~~) 0
Address 1544 So. Broadway Date signed 10/9-41

(Licensed Embalmer's Statement on Reverse Side)

1544 S. Broadway
3-4-7-8.

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 David Milton Van Fossan, Registered Apprentice No. 280 working under my personal supervision.

Signed Thos Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.