

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or town limits, write "RURAL" and name of township)
Mo. Baptist Hospital
(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 880
(c) City or town St. Louis Mo. 5 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5878 Cates
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Eglantiric Seitz

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 MARRIED

6. (b) Name of husband or wife GEORGE SEITZ 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 19-1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 14 hr. min.

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

10. Usual occupation

11. Industry or business Red Cross

12. Name Frances Sward

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

14. Maiden name unknown

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

16. (a) Informant George H. Seitz

(b) Address 5878 Cates

17. (a) Removal (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carmi, Illinois

18. (a) Signature of funeral director Edith E. Ambrose

(b) Address 4234 Manchester

19. (a) JAN 4 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1942 hour 3:40 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 27, 1941 to Jan 3, 1942
that I last saw her alive on Jan 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of stomach
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Duration

Major findings: Carcinoma stomach
Of 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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature Paul Vinyard (M. D. or other) _____
Address 3718 A. Olive St. St. Louis Mo. Date signed 1-3-42

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

MOTHER FATHER

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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Henry Eymck*.....

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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.