S. No. 2
4-13-40
5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 19998

Registrar's No. 5896

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Josephine Hospital. 0
(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: 000

(a) State Missouri. (b) County 17

(c) City or town Saint Louis. 9/5
(If outside city or town limits, write "RURAL")

(d) Street No. 4318 Itaska Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Seliga.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Seliga.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 30th, (Day) 1866. (Year)

8. AGE: Years 76 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Bohemia 8 (State or foreign country)

10. Usual occupation Tinner

11. Industry or business

FATHER
12. Name ? Seliga.
13. Birthplace Unknown (City, town, or county) Bohemia 8 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Bohemia 8 (State or foreign country)

16. (a) Informant Elizabeth Seliga
(b) Address 4318 Itaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 42. (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) (Date received local registrar) JUL 11 1942 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th, year 1942. hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from 5-29-42, 19, to 7/10, 1942 that I last saw him alive on 7-10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated ulcer of stomach — Duration 4 days

Due to Cancer of pyloric end of stomach — unknown

Due to old ulcer — unknown

Other conditions anaemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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) No
(b) Date of occurrence No
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury? No

23. Signature W. H. Burroughs (M. D. ~~Other~~)
Address 4755 Mogan Ave Date signed 7/11/42

(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. V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.