

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 783

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Millston, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Vincent's Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yr - 6 mo - 9 days  
(Specify whether  
In this community 2 yr - 6 mo  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County 7  
(c) City or town Appleton  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Elizabeth's Hospital  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME

Sister Mary Germaine (Mary 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  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 28, 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sisterhood - Domestic

11. Industry or business Religious Order

12. Name Julius Seitz

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

14. Maiden name Barbara Zurn

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

16. (a) Informant Sister M. Ludgera  
(b) Address 3520 Chippewa St.

17. (a) Burial SS. Peter & Paul Cem.  
(Burial, cremation, or removal) (b) Date thereof Apr. 3, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Subert - Benz Montau  
(b) Address 2842 Keramec St.

19. (a) APR 8 1943 (b) E. J. M. Gausman  
(Date received final report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1943 hour 11<sup>15</sup> minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 22  
1940 to March 31, 1943  
that I last saw her alive on March 31, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema,  
Arterio-sclerotic Heart Disease  
- Status Epilepticus

Due to Epilepsy Duration LIFE

Due to with psychosis 3 yr

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy as above 938

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 \_\_\_\_\_

23. Signature W. B. Litten (M. D. \_\_\_\_\_)  
Address St. Vincent's Hosp. Date signed 4/1/43

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

91

717

111

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No. *4249*  
*2842* *Meramec* St.  
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.**

