

FILED

MAY 7 1943

318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3996

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
306th Market 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 Mo (b) County 099

(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 306th Market St
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Conrad Seebacher

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Oct 1893
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia
Primary

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 108

8. AGE: Years Months Days If less than one day

Oct 70 hr. min.

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

10. Usual occupation Lab

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Conrad Seebacher

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

14. Maiden name Conrad Seebacher

15. Birthplace..... (City, town, or county) (State or foreign country) St. Louis 9

16. (a) Informant James F. Peterson

(b) Address 1300th Clark

17. (a) Antoinette Bank Date thereof 4-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director J. F. Riebler

(b) Address 3500 Rutland

19. (a) APR 29 1943 (b) J. F. Riebler
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury.....

23. Signature Walter Perry (M. D. or other)

Address Wright Date signed 4/26/43

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.....

P. O. Address.....

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.