No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19114

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1183

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town "Rural" Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesu 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Eight months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kenrey (If outside city or town limits, write "RURAL")
(d) Street No. Villa Gesu, R-3 (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Sister Mary Piata Seegers
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 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 13 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	7	14	hr. min.

9. Birthplace Saint Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER
12. Name Theodore Seegers
13. Birthplace Europe (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Helen Balters
15. Birthplace Europe (City, town, or county) 4 (State or foreign country)
16. (a) Informant Sister M. Philomene
(b) Address Villa Gesu - R. 3 - Box 503
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Villa Gesu Cemetery
18. (a) Signature of funeral director Fendler Und. Co
(b) Address 7420 Michigan
19. (a) MAY 20 1943 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 5 minute 40 A. M.
21. I hereby certify that I attended the deceased from June 9 42, 19 , to May 16 43, 19 43 that I last saw her alive on May 18 43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with abdominal metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Same as above

Of autopsy 46 b

Duration

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 Albert A. Glick (M. D. or other)
Address 5014 Theiss Date signed 5-17-43

(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 Oliver E. Sendke

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo.

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

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

. S. No. 2B
M—8-21-41
I X29288

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1183

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:

(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sister Mary Piata Seegers

3. (b) If veteran, name war

3. (c) Social Security No. 0

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife None None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Oct (Month) 13 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) E. J. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 year 1943 hour 1 minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(b) 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 (M. D. or other)

Address Date signed

5-19114