S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23434

State File No.

FILED JUL 24 1943

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 6383

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4924 W. Florissant Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 7 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4924 W. Florissant Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth B. Seago

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles H. Seago

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 25, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	19	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Bartling
13. Birthplace Unknown (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Teuscher 5
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Charles H. Seago
(b) Address 4924 W. Florissant Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1943 hour 6:00 AM minute M.

21. I hereby certify that I attended the deceased from 1935, 19 to July 14, 1943; that I last saw h alive on July 11, 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death general carcinomatosis originating in uterus

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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 [signature] (M. D. or other) M D
Address 5074 [illegible] Date signed 7-14

844

(Licensed Embalmer's Statement on Reverse Side) (H. A. KLEIN)

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.