

S. No. 2
OM-2-43
v. 5-17-39
- I, X35697

5725

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1887

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution One Year
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Lindberg Drive Mehlville
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARL ELLA SEECK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 23
year 1944 hour 7 minute 05 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Seack 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan. 20 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 2 1943 to Feb 23 1944
that I last saw her alive on Feb 23 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 10 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death: Cancer liver & Bright kidney
Due to Primary sites - liver
Due to _____

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Joseph Bunn
13. Birthplace Illinois
14. Maiden name Minnie Wittaman
15. Birthplace Illinois

PHYSICIAN
Underline the cause to which death should be charged statistically.
H. H. H.

16. (a) Informant John Seack
(b) Address Lindberg Drive Mehlville
17. (a) Burial (b) Date thereof Feb 26/44
(c) Place: burial or cremation Olney Ills.
18. (a) Signature of funeral director Sho duties & Son
(b) Address 2906 Gravois Ave.
19. (a) FEB 25 1946 (b) J. T. Bedeck
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Walter H. Miller (M. D. or dentist)
Address 9915 Gravois Street Date signed 2/24/44

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 *David Van Gossan*.....

Licensed Embalmer No. *4243*.....

P. O. Address *2906 Morris a*.....

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.