

S. No. 2
OM-2-43
v. 5-17-39
-1 X35679

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13333**

FILED MAY 9 1944
Registration District No. **378**

Primary Registration District No. **1003**

Registrar's No. **3939**

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:
3937 Delor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 yrs 2 mo years, months or days)

3. (a) PRINT FULL NAME Carolina Augusta Seeger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct 16th-1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>11</u>	hr. _____ min.

9. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

12. Name Ludwig Nasham

13. Birthplace not known Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Bardenz

15. Birthplace not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katherine Schallert

(b) Address 3937 Delor - St Louis, Mo.

17. (a) burial (b) Date thereof April 29
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville

18. (a) Signature of funeral director Geo. M. Schreppel
(b) Address Collinsville, Ills.

19. (a) APR 27 1944 (b) J. T. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St Louis 1715
(If outside city or town limits, write "RURAL")

(d) Street No. 3937 Delor (If rural, give location) 9

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1944 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from April 10th 1944, to April 27th 1944
that I last saw h. alive on April 27th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with coronary arteriosclerosis
Due to _____

Due to _____

Other conditions Hypertermenia
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 J. T. Bredsch (M. D. or other) 4023
Address 8606 Marion Date signed 4/29/44

Duration

17 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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 *Geo M. Stussel*

Licensed Embalmer No. *1598*

P. O. Address *Collinsville, Ark.*

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.