

FILED JAN 20 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3500 Wyoming St
(If rural, give location)

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

3. (a) PRINT FULL NAME Samuel J. Seeley

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1945 hour 8:22 minute _____ P. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: February 28 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3
1945, to Jan 8, 1945;
that I last saw him alive on Jan 8, 1945;
and that death occurred on the date and hour stated above.

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

58	10	10	hr. _____ min.
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Immediate cause of death Septicemia from multiple abscesses in each kidney, gangrene of bladder wall

Due to Structure of urethra (posterior median bar prostatic obstruction with many prostatic abscesses) + possible carcinoma of prostatic urethra

Other conditions Primary site - urethra
(Include pregnancy within 3 months of death) _____

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

Major findings: _____

Of operations 52

Of autopsy as above

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

10. Usual occupation Plumber

11. Industry or business Self

MOTHER - FATHER {

12. Name Samuel Seeley

13. Birthplace Knock McGarry Canada
(City, town, or county) (State or foreign country)

14. Maiden name Mary McGarry

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant James Seeley

(b) Address 3500 Wyoming

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? _____

17. (a) Burial (b) Date thereof Jan 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

(Specify type of place)

While at work? _____ (c) Means of injury _____

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) JAN 4 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Robert F Seeley (M. D. or other) _____

Address 634 70 Grand Date signed 1/11/45

Dr Robert Hickey
Mrs Thelma Hickey

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. 2245
working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address. 3029 Lafayette Ave

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.