V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35846

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 10497

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. Anthony Hospital 0
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2318 Minnesota Ave. 917
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Seger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 2 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name Bernadine Immken
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Raymond Seger
(b) Address 2318 Minnesota Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4. 45 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul

18. (a) Signature of funeral director John H. Gibbons Sons
(b) Address 2630 Gravois Ave

19. (a) DEC 4 1945 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1945 hour 12,15 minute A M.

21. I hereby certify that I attended the deceased from Dec 2, 1945, to Dec 3, 1945
that I last saw him alive on Dec 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cause undetermined -

Due to Prenatal asphyxia - ?

Due to Abruptio Placenta

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Placenta Cracia - Fibromyomatous Uterus
Of autopsy none

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

22. If death was due to external causes, fill in the following: no
(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 [illegible] (M. D. or other) [illegible]
Address 3218 S Grand Date signed 12-3-45

(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 Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.