

No. 2
OM-5-43
V. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11644

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2079

FILED MAR 18 1946

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo-Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)
 In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1443 Benton St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Talbert Seemes
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 1st.
 year 1946 hour 11:50 AM. minute _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary B. Seemes
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased November 17 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-2-46 to 3-1-46
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cause of pneumonia
of lungs, & Primary bowels
 Duration 0

8. AGE: Years 51 Months 3 Days 14
 If less than one day hr. _____ min. _____

Due to Aspiration
 Due to _____
 Other condition Otitis
(Include pregnancy within months of death)

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

Major findings: Otitis
 Of operations ✓
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which should be charged statistically.

10. Usual occupation Painter
 11. Industry or business Wabash R. R.
 12. Name Albert Seemes
 13. Birthplace Missouri
 14. Maiden name unknown
 15. Birthplace unknown

16. (a) Informant Mrs. Mary Seemes
 (b) Address 1443 Benton St.
 17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Hy. Leidner U. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) MAR 3 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 Means of injury Caution
 23. Signature Cawwhite (M. D. or other) _____
 Address 634 Niagara Date signed 3/2/46

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 *John P. Buchholz*.....
Licensed Embalmer No. *1674*.....
P. O. Address *2223 St. Louis 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.