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OM-5-43  
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18892

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4124**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4034 McPherson Ave.**  
(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 **Mo** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4034 McPherson**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Louis E. Seegall**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **None**

4. Sex **Male** 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 **About 1878**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **3**  
 year **1946** hour **11** minutes **00** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

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

**About 68** hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
**Coronary Occlusion**  
**Coronary Sclerosis**  
**Arterial Hypertrophy**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **95**  
 Of autopsy \_\_\_\_\_

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

9. Birthplace **New York City** **New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pharmacist**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Emil Seegall**

13. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Posner**

15. Birthplace **Unknown** **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Golda Aronberg**  
 (b) Address **5715 Westminster Ave.**

17. (a) **Burial** (b) Date thereof **5-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature **Richard E. Taylor** (M. D. or other) \_\_\_\_\_  
 Address **Dep. Coroner** Date signed **5/6/46**

18. (a) Signature of funeral director **Albert H. Hoppe**  
 (b) Address **4700 Washington Blvd.**

19. (c) **MAY 6 1946** **J. F. Brudeck**  
(Date received local registrar's) (Registrar's signature)

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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.....

Licensed Embalmer No. 4053

P. O. Address.....

**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.**