

#57377
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1946
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **18893**
Registrar's No. **4690**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME MICHAEL SEEKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 1885
(Month) (Day) (Year)

8. AGE: Years About 61 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Seeker

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

14. Maiden name Mary Novak

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

16. (a) Informant Mary Susanka

(b) Address 4641 Alaska Avenue

17. (a) Burial (b) Date thereof 5-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm O. Mayfield

(b) Address 1926 Allen Avenue

19. (a) MAY 25 1946 (b) J. F. Bueck
(Date received local register) (Registrar's signature)

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. 4641 Alaska Avenue
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1946 hour 4:55 minute P M

21. I hereby certify that I attended the deceased from May 2nd, 1946
to May 24th, 1946
that I last saw him alive on May 24th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of ~~poison~~
Worschago heart's brain
Duration _____

Due to _____
Due to _____

Other conditions Depression
(Include pregnancy within months of death)

Major findings: Of operations Admission not involved
by necropsy
Of autopsy not obtained

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Mary (M. D. or other) 1515 Lafayette
Address 1515 Lafayette Date signed 5/24/46

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

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 Benj. C. Duncan
.....
Licensed Embalmer No. 2272
.....
P. O. Address 1926 Allen Avenue.....

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.