S. No. 2
—12-45
5-17-39
47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31286

FILED SEP 30 1946

Registration District No. 32

Primary Registration District No. 3063

Registrar's No. 1932

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 721 N. Woodbine 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME William Seep

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 8 (Month) 6 (Day) 79 (Year)

8. AGE: Years 67 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry Seep
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Bruner
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Katie Matt
(b) Address Kirkwood - Sister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemty

18. (a) Signature of funeral director Louis H Bopp, Inc
(b) Address Kirkwood Mo

19. (a) 9-16-46 (Date received local registrar) (b) Ruth L Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13th year 1946 hour 2:45 PM minute M.

21. I hereby certify that I attended the deceased from 9 10, 1946 to 9-13, 1946 that I last saw him alive on 9-13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ? pulmonary embolism	2 min
Due to following hemiorrhaphy on 3rd P.O. day	
Due to 12:20 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Incarcerated right indirect inguinal hernia - Richters type
Of autopsy

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? (e) Means of injury 6

23. Signature B. Smith Jr. (M. D. ~~or other~~)

Address 601 S. Brentwood Blvd. Clayton, Mo. Date signed 9-13-46

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) Mo

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.