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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947
Registration District No. **318**

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

15638
State File No.
Registrar's No. **3742**

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:
4088 Haven
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **50 yrs.** (Specify whether years, months or days)

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. **4088 Haven**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Alfred W. Sekrit**
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 **married**
6. (b) Name of husband or wife **Elsie**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Sept. 28 1884**
(Month) (Day) (Year)

8. AGE: Years **62** Months **6** Days **8**
If less than one day hr. min.

9. Birthplace **Crystal City Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Accountant**

11. Industry or business **National Bearings Co.**

12. Name **Julius Sekrit**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Schlawke**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elsie Sekrit**
(b) Address **4088 Haven**

17. (a) Burial (b) Date thereof **4-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **John L. Ziegenhein & Sons**
(b) Address **7027 Gravois Ave**

19. (a) APR 8 1947 (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6**
year **1947** hour **6** minute **A.** M.
21. I hereby certify that I attended the deceased from
10-17-46 19... to **4-6-47** 19...
that I last saw him alive on **4-6-47** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma Esophagus 7 months
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
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?

While at work?..... (Specify type of place)
Means of injury.....
23. Signature **Dr. Spitzer** (M. D. or other)
Address **4523 S. Kingshighway** Date signed **4/9/47**

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 *W. J. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address. *7027 Gravois*.....

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.