S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22643

FILED JUL 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6259

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4317a Gibson 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 About 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4317a Gibson Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ROSA SEPER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Seper (Late)

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

7. Birth date of deceased May (Month) 7 (Day) 1886 (Year)

8. AGE: Years 61 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Worker

11. Industry or business Heil Packing Co.

FATHER
12. Name Michael Horvath
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Austria (State or foreign country)

16. (a) Informant Steve Seper
(b) Address 4317a Gibson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 S. Kingshighway

19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept. 1. 46, 19 to June 28, 1947
that I last saw her alive on June 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis (Chr. Passive Congestion)	1 yr.
Due to Chr. Passive Congestion	
Due to Diabetes	5 yrs
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause of 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

23. Signature Dr Lux H Boch (M. D. or other)
Address 1504 S. Grand Date signed 6/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mul

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.