S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36250

FILED OCT 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9547

WRITE PLAINLY—USING 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: Alexian Bros. Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 and 1/2 Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

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

(d) Street No. 5222 Idaho Ave., (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 15 0

If yes, name country

3. (a) PRINT FULL NAME Frank X. Seckinger,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Margaret Seckinger

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

7. Birth date of deceased November (Month) 27, (Day) 1870. (Year)

8. AGE:

Years	Months	Days	If less than one day
76	10	16	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country) 0

10. Usual occupation Retired 12 years.

11. Industry or business

FATHER

12. Name Joseph Seckinger 4

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

MOTHER

14. Maiden name Mary Kubat,

15. Birthplace (City, town, or county) Minnesota, (State or foreign country)

16. (a) Informant Rev. Jos. F. Seckinger,

(b) Address Jennings, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10/17/47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) OCT 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1947 hour 2: minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 25 1947 to Oct 13 1947 that I last saw him alive on Oct 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip Sept 25 1947

Due to

Due to

Other conditions? Chronic myocarditis Senility (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration

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) 000

(b) Date of occurrence 9/25/47

(c) Where did injury occur Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Joseph L. Harris (M. D. or other) 10/14/47

Address 40 65-50 Broad Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Front

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, 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.