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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34685

FILED NOV 6 1948

Registration District No. 918

Primary Registration District No. 1005

Registrar's No. 9313

1. PLACE OF DEATH:
(a) County: XXXXXXXXXX
(b) City or town: Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2204 Menard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2204 Menard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MARY SEEGER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Henry Seeger

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

7. Birth date of deceased: February 4, 1857 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 21 If less than one day hr. min.

9. Birthplace: Millstadt, Township (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Housewife

11. Industry or business:

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

MOTHER
14. Maiden name: Tanekie Canhen
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Seeger
(b) Address: 2204 Menard St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. James, Millstadt

18. (a) Signature of funeral director: Fred Gallerto
(b) Address: Millstadt, Illinois

19. (a) OCT 28 1948 (Date received local registrar) (b) J. D. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1, 1944, to October 25, 1948; that I last saw he alive on October 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	10 yrs.
arteriosclerosis	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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): no
(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: L. E. Taylor (M. D. or other)
Address: Millstadt Ill. Date signed 10/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

8956

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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.