

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016085

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1131

300
1-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CREVE COEUR</u>
c. FULL NAME OF (IF NOT in hospital, give location) <u>ST. LOUIS COUNTY Hosp</u>		Length of stay in lb <u>1 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>LAKLAND & CRAIG</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Frederick Seeger</u>			4. DATE OF DEATH Month Day Year <u>4-24-59</u>			
---	--	--	--	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-1900</u>	9. AGE (In years last birthday) <u>59</u>	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	-------------------------------------	--	-----------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ROAD</u>	11. BIRTHPLACE (City and state or country) <u>CREVE COEUR, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>ANDREW Seeger</u>	13b. MOTHER'S MAIDEN NAME <u>JOHANNA SCHROEDER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give/wagon dates of service) <u>YES (WW2)</u>	16. SOCIAL SECURITY NO. <u>492-040252</u>	17. INFORMANT <u>HERMAN SEEGER</u>	Address <u>CREVE COEUR, MO.</u>
--	--	---------------------------------------	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTRACEREBRAL Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>SKULL FRACTURE</u>	
	DUE TO (c) <u>TRAUMA</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	<u>400</u>
---	------------

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>400</u>	COUNTY	STATE
---	--	--	--------	-------

21. I attended the deceased from Death occurred at	<u>4-23-59</u> to <u>4-24-59</u> and last saw ^{him} alive on <u>4-24-59</u> <u>1:25 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
---	---

22a. SIGNATURE <u>A. S. Kelly</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>601 So. Brentwood</u>	22c. DATE SIGNED
--------------------------------------	----------------------------------	--	------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jennings, Missouri</u>
--	-------------------------------	---	--

24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-25-59</u>	26. REGISTRAR'S SIGNATURE <u>John P. Murphy M.D.</u>
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *3454*
P. O. Address *Overland 16*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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