

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17521

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

City, Registration District No. **1003**

Registered No. **4597**

City *St. Louis* (No. *Central Hospital*)

St. Ward

2. FULL NAME

(a) Residence No. *3400 Queens Ave.* St. *7* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Daniel Seegen

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 12, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

10

30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home 127 95

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

10. NAME OF FATHER

Charles Brust

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Sarah Kobicon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

14. INFORMANT

(Address)

*Daniel Seegen
1714 Railroad Exchange Bldg.*

15. FILED

19

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 7 1930

17.

I HEREBY CERTIFY, That I attended deceased from *April 22* 19*30* to *May 7* 19*30* that I last saw *her* alive on *April 7* 19*30* and that death occurred, on the date stated above, at *11:00 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Acute Cardiac
dilatation*
(duration) *1* yrs. *1* mos. *1* ds.

CONTRIBUTORY (SECONDARY)

Cholelithiasis
(duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *April 22/30*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *John A. Sturges* M. D.

Mois 1933 (Address) *Melrothilton Rd*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellefontaine

May 10 1930

20. UNDERTAKER

ADDRESS

Math. Germany

261 E. Fair

CAUSE OF DEATH in plain terms, so that it may be properly understood.

23
12
12
2

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

MEMORANDUM FOR THE RECORD
DATE: 1954
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a technical report or laboratory notes.]