

REC'D AUG 12 1938

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

23837
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4644 Enright Ave.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frederick W. Seago**

(a) Residence, No. **4644 Enright Ave.** St. **12** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-9-1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Book-keeper**
9. Industry or business in which work was done, as saw mill, bank, etc. **Merc. Trust**
10. Date deceased last worked at this occupation (month and year) **Feb. 1938** 11. Total time (years) spent in this occupation **18**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

FATHER 13. NAME **John L. Seago**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Mary M. Wylie**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **John S. Seago**
4644 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **6-23-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alexander and Sons**
6175 Delmar Blvd.

20. FILED **22 1938** **J. F. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 20, 1938**

I HEREBY CERTIFY, That I attended deceased from **July 17**, 19**38** to **July 19**, 19**38**
I last saw him alive on **July 20**, 19**38**. Death is said to have occurred on the date stated above, at **12.45 A. M.**
The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis

Other contributory causes of importance:
Chronic heart disease
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? **Blood Culture**. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Julius Elson**, M. D.
(Address) **4500 Olive**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Harold Goldwasser
Lester Olden 2 to 5
Dr. E. C. Cook
will sign Certificate

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,

Jos. E. McCulloch, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 615 1/2 Delmar

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

If this body is not embalmed, above space should be left blank.