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.

REC'D MAR 13 1939

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

4607
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1300

(c) City St. Louis (d) Street No. 3746 Neosho 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.

60 yrs

2. PRINT FULL NAME Josephine Seher (SEHER)

(a) Residence, No. 3746 Neosho St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1878

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hswk
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER

13. NAME (UnKnown) Thole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnKnown

MOTHER

15. MAIDEN NAME Josephine Schultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. M. Beeson
(ADDRESS) 3746 Neosho

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE 2-10 1939

19. FUNERAL DIRECTOR (NAME) Southern Funeral Home
(ADDRESS) 6322 S. Grand

20. FILED FEB 9 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Feb. 7, 1939

I last saw her alive on Feb. 7, 1939. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
&	
Generalized Metastases	

Other contributory causes of importance: H6

Name of operation Colostomy Date of 11-5-37

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X X X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Victor A. Koeppen, M. D.

(Address) 3805 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

Dr. V. Kloepper
3803 S. Broadway
2-3 Thurs.

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, Wilson Collins, or by

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

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis, Mo

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

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