

APR 12 1939

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

9183
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
(b) Township..... Primary Registration District No. 1003 Registered No. 2948
(c) City St. Louis (d) Street No. 201 East Gano Avenue 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 100 Henry F. Seep

(a) Residence, No. 4900 North Broadway St. 9 (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 6

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

12. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Ind

FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) g

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) g

17. INFORMANT Arthur Seep (ADDRESS) 4900 North Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Mar. 29, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED MAR 29 1939 J. B. Budick Local Registrar

NO MEDICAL PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on P.M. Death is said to have occurred on the date stated above, at 3:05 a.m.

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

Coronary Thrombosis;

Arterio Sclerosis;

Other contributory causes of importance: g

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

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) Math. Hermann & Son M.D.

(Address) 2161 East Fair Avenue

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.

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.....

Licensed Embalmer No. *2967*

P. O. Address *261 E. Fair*

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