REC'D APR 12 1939

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

9236
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3001

1. PLACE OF DEATH

(a) County
(b) Township
(c) City or Town: St. Louis
(d) Street No. St. Anthony Hospital 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 26C Anna M. Seeker

(a) Residence, No. 3548 Nebraska Ave. St. 24
(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: Joseph Seeker Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12, 1873.

7. AGE: Years 65 | Months 5 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.:
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: Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Dont Know.~~

MOTHER
15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Dont Know.~~

17. INFORMANT: George Seeker
(ADDRESS): 3548 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL: SS. Peter & Paul Cem. DATE April 1, 1939

19. FUNERAL DIRECTOR (NAME): J. H. Gebhardt & Co.
(ADDRESS): 2842 Meramec St.

20. FILED MAR 30 1939 19 J. E. Bradley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 29, 1939
I last saw her alive on March 29, 1939. Death is said to have occurred on the date stated above, at 3:25 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:
Cardiac decompensation

Name of operation: None Date of
What test confirmed diagnosis? Physical, Xray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Wagner, M. D.
(Address) 3606 Vernon Ave

(Licensed Embalmer's Statement on Reverse Side)

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 Herman A. Gebker

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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.