

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 9894

1. PLACE OF DEATH:

(a) County 1003 1
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Bros. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME John C. Seeman 5503. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Emelia Seeman 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 21, 1869
(Month) (Day) (Year)8. AGE: Years 70 Months 4 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Jeffersonville, Ind.
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter Retired 1067

11. Industry or business _____

12. Name Christian Seeman13. Birthplace Germany
(City, town, & county) (State or foreign country)14. Maiden name Don't know15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Arthur Seeman(b) Address 2847 S. 3rd St.17. (a) Burial (b) Date thereof Nov. 21/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cm.18. (a) Signature of funeral director Weick Bros. Und. Co(b) Address 2201 S. Grand Bl.19. (a) NOV 20 1939 (b) J. F. Bielek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2847 S. 3rd St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1939 hour 2 minute 35

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above

Immediate cause of death localized acute peritonitis Duration 5 daysDue to acute cholecystitis 11/17/39Due to stroke is cryptic direct 11/13/39
(slipped in tub while bathing)Other conditions fracture of right hip 5"
(Include pregnancy within 3 months of death) hypostatic pneumonia 2 daysMajor findings: none PHYSICIAN _____
Operations _____1 Of autopsy those enumerated above Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 11/13/39(c) Where did injury occur? St. Louis
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Be Portuando (M. D. or other) PcAddress 3532 Howard Court Date signed 11/18/39

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.....

Wm Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.