No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8686

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2096

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2928 N. Prairie Ave / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1017

(d) Street No. 2928 N. Prairie Ave (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ida Seeger Dawe

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 3

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive ------- years

7. Birth date of deceased June 26, 1875 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace / Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William Seeger
13. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Grossenbacher
15. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Martin J. Seeger
(b) Address 3520 North Grand Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 5 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1941 hour 7:45 AM minute ..... M.

21. I hereby certify that I attended the deceased from 2-24-, 1941, to 3-4-, 1941; that I last saw her alive on 2-24-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Chris J. Bar (M. D. or other)
Address 3519 Hebert Date signed 3-5-14

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110 C

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.