

No. 2
-13-40
17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9393**
Registrar's No. **2803**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

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

(c) Name of hospital or institution: **PARK LANE HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 Days.**

In this community **68 Years.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY SEECK**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Bernard Seeck** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 15 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	13	hr. _____ min. _____

9. Birthplace **ILLINOIS** (City, town, or county) **1** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home.**

MOTHER FATHER { 12. Name **Frank Lingemann** **48**

13. Birthplace **Germany** **44**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Seeck**

(b) Address **1712 Mississippi Ave.**

17. (a) **Cremation** (b) Date thereof **April 2/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Thos. Kuttis & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **MAR 30 1941** (b) **J. H. Seleck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
17
9 23

(a) State **Missouri** (b) County _____

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

(d) Street No. **1712 Mississippi Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **68 Years** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1941** hour **11 45 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **2-13** 19 **41** to **Mar. 28,** 19 **41**;
that I last saw her alive on **Mar. 28,** 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Coronary artery primary**

Due to **Stroke**

Other conditions **Stroke**
(Include pregnancy within month 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? _____

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

23. Sign **Dr. J. Sweet** (M. D. or other) **DR.**

Address **4930 Lindell Blvd.** Date signed **3-29-41**

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.....

Geo Budde

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo Budde

Licensed Embalmer No. *3989*

P. O. Address *St Louis, Mo*

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, fact should be so stated above.