

FILED FEB 24 1942

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 203
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2701 St. Vincent Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Seske

3. (b) If veteran, name war WW 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) ~~Single~~ married, XXXX

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 2 hr. _____ min.

9. Birthplace Essen Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad
Checker

11. Industry or business _____

12. Name Augusta 4

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

14. Maiden name Augusta 4

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

16. (a) Informant Mrs. Effie Seske
(b) Address 2701 St. Vincent Ave.,

17. (a) Burial (b) Date thereof Jan 20th 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's
18. (a) Signature of funeral director John J.A. Barrett
(b) Address 2819 Union Ave.

19. (a) Jan 19 1942 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-5
19 42 to 1-17 19 42

that I last saw him alive on 1-17-42 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Malignancy of spinal cord
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury D

23. Signature Kelley S. Coan (M. D. or other) _____
Address Mo. Cole Hospital Date signed 1-17-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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..... *Hubert H Burnley*

Licensed Embalmer No. *4202*

P. O. Address.....

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.