

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10040

FILED DEC 11 1942

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10040

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

1. PLACE OF DEATH: Mo. Baptist Hospital

(a) County 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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Seger

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Carell Seger 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 3 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Cadet Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Joseph F Ferguson

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

14. Maiden name Un Known

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

16. (a) Informant D. D. Seger

(b) Address Elvins Mo.

17. (a) Burial (b) Date thereof Nov 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingswick Mo.

18. (a) Signature of funeral director Sparks and S

(b) Address Elvins Mo.

19. (a) DEC 2 1942 (b) J. F. Budesh
(Date received local) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town Fredericktown Mo.
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 42 hour 1:25 minute 0 P. M.

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

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

This pt entered hospital as my patient 1 PM Nov 12 1942 and died at 1:45 PM - I did not see her but my internist saw her - I have read his statement on this subject

Due to _____

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

Major findings: _____ PHYSICIAN _____

Of operations _____

Of autopsy Gall stones irregular bladder Common duct also terminal

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) (e) Means of injury _____

23. Signature Hudson T. White (M. D. or other) _____

Address Met Bldg St Louis Mo Date signed 11/29/42

Patient entered this hospital on 11/21/42 @ 1 PM in comatose state - pronounced dead @ 1:45 PM - cause of death apparently toxemia & terminal pneumonia from obstructive jaundice.

Norton R. Pitts M.D.
House Staff -
Missouri Baptist Hospital

DEC 11 1942

0700T

0700T

100-400

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... *Everett Sparks*
Licensed Embalmer No. *4287*
P. O. Address... *Elwin 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.