S. No. 2
M—5-42
v. 5-17-39
I- X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35867

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 9284

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: Josephine Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 9 2

(a) State Mo. (b) County

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

(d) Street No. 5701 Rhodes Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Esther Seuch

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 Married

6. (b) Name of husband or wife Joseph Seuch

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 13th (Day) 1889 (Year)

8. AGE: Years 53 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Andrew Sivak

13. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

14. Maiden name Martha Seres

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

16. (a) Informant Joseph Seuch

(b) Address 5701 Rhodes Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 6 1942 (Date received at registrar's office) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1942 hour 9:09 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 21, 1942 to ~~Oct~~ Nov 5, 1942 that I last saw h. alive on Nov 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Cirrhosis — Duration

Due to Common duct obstruction Generalized Carcinomatosis

Due to

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

Major findings: Of operations Circumscribed Infiltrating Carcinoma Common Obstructing Common duct

Of autopsy no - but microscopic Section Biopsy Results Confirming

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

23. Signature [illegible] (M. D.)

Address 1703 S. Grand Date signed 11-6-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.M. Boyd
1703 So Grand
2 30 - 4 P.M. Ser. 5939

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.