S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20014

State File No.

FILED JUL 13 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6002

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:
5803 A. Goener Ave
(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 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5808 A. Goener Ave
(If rural, give location)

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

If yes, name country Naturalized

3. (a) PRINT FULL NAME John Seerge

3. (b) If veteran, name war no

3. (c) Social Security No. 702-09-0676

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lena Troha Seerge

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 18th. 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	1	11	hr. min.

9. Birthplace Jugo-Slavia (City, town, or county) X (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business American Ref. Trans Co

FATHER
12. Name John Seerge
13. Birthplace Jugo-Slavia (City, town, or county) X (State or foreign country)

MOTHER
14. Maiden name Lena Schneider
15. Birthplace Jugo Slavia (City, town, or county) X (State or foreign country)

16. (a) Informant Lena Seerge
(b) Address 5809A. Goener Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2nd. (Month) (Day) (Year)
(c) Place: Burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Henry C. Weidenmueller
(b) Address 6203 Gravois

19. (a) JUL 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/29 day ~~13~~
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 22, 1943 to June 29, 1943
that I last saw him alive on 6/29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage - Cancer	3 days
Due to Cancer of Thyroid	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 F. L. Moore (M. D. or other)
Address 607 N. Euclid Date signed 6/30/43

(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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

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.