

FILED MAR 13 1944 18

1003

State File No. \_\_\_\_\_  
Registrar's No. **2091**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (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: Lutheran Hospital  
(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 Abt 45 years

**3. (a) PRINT FULL NAME** SIGMOND SEELIG.

**3. (b) If veteran,** name war no

**3. (c) Social Security No.** 492-09-8813

**4. Sex** Male **5. Color or race** white

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

**6. (b) Name of husband or wife.** Beatrice Dreidel Seelig

**6. (c) Age of husband or wife if alive** 46 years

**7. Birth date of deceased.** March 24 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>51</u>	<u>11</u>	<u>5</u>	hr. _____ min. _____

**9. Birthplace.** Burlington Kas.  
(City, town, or county) (State or foreign country)

**10. Usual occupation.** Realestate Management

**11. Industry or business.** \_\_\_\_\_

**MOTHER FATHER**

**12. Name.** Casnar Seelig

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

**14. Maiden name.** Anna Bloch

**15. Birthplace.** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** Mrs Sigmond Seelig

**(b) Address.** 7529 Parkdale

**17. (a) Burial** **(b) Date thereof** 3/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Mt. Sinai

**18. (a) Signature of funeral director.** Mayer

**(b) Address.** 4356 Lindell Blvd

**19. (a) MAR 2 1944** **(b) J. F. Budock**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 96

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 7529 Parkdale  
(If rural, give location) **N.R.**

(e) Citizen of foreign country? / (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 29 year 1944 hour 11 minute P. M.

**21. I hereby certify that I attended the deceased from** Feb 28  
1944 to Feb 29, 1944

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary thrombosis **1943**

Due to \_\_\_\_\_

Other conditions 94  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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.** A M Grant (M. D. or other) \_\_\_\_\_  
 Address 8051 Date signed 3/2/44

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

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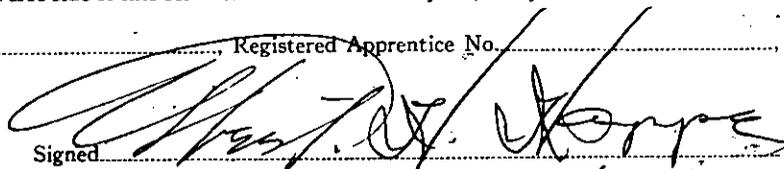
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 1861

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.**