

FILED OCT 20 1944  
 Registration District No. 318

Primary Registration District No. 1003

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

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 1 day  
 In this community Life.  
 years, months or days

3. (a) PRINT FULL NAME Bernard Sehi  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 6th, 1907  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 9 0 hr. min.

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

10. Usual occupation Clerical work

11. Industry or business Electrical

MOTHER FATHER { 12. Name Frank Sehi  
 { 13. Birthplace Hungary  
 { (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Phillips  
 { 15. Birthplace Hungary  
 { (City, town, or county) (State or foreign country)

16. (a) Informant Mary Sehi  
 (b) Address 5839 Mardel

17. (a) Burial (b) Date thereof 10/9/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
 (d) Signature of funeral director John J. Ziegenhain & Sons  
 (e) Address 7027 Gravois Ave.

19. (a) OCT 11 1944 (b) J. F. Busch  
 (Date received local registrar) (Registrar's signature)

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. 5839 Mardel  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 6th  
 year 1944 hour 6 minute P. M.  
 21. I hereby certify that I attended the deceased from Oct 6  
1944 to Oct 6 1944  
 that I last saw him alive on Oct 6 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
 Due to chronic thrombosis 1 Day  
 Due to chronic nephritis 3 yrs  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations..... 131  
 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 A. M. Frank (M. D. or other) M.D.  
 Address 3652 Mardel St Date signed 10/10/44

**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..... *E. P. Kidwell* .....

Licensed Embalmer No..... *3877* .....

P. O. Address..... *7027 Gravois* .....

**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.**