S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22551

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6637

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: BERNARDSKIN + CANCER HOSP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 WEEKS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 999

(c) City or town ST. LOUIS 11 (If outside city or town limits, write "RURAL")

(d) Street No. WATERLOO ILLINOIS 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rupert Seger.

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 3 (Month) 14 (Day) 1875 (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day hr. min.

9. Birthplace VADUZ (City, town, or county) LICHTENSTEIN (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name FRANZ JOSEPH SEGER
13. Birthplace VADUZ (City, town, or county) LICHTENSTEIN (State or foreign country)

MOTHER
14. Maiden name WALBURGA BECK
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant LOUISE BAPPERT

(b) Address 2322 MINNESOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 (Month) 30 (Day) 1945 (Year)

(c) Place: burial or cremation OLD ST. PETER + PAUL

18. (a) Signature of funeral director John H. Gibbons Sons

(b) Address 2630 GRAVIOS Ave

19. (a) JUL 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 10, 1945 to July 26, 1945; that I last saw him alive on July 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	1 wk
Due to Carcinoma (squamous) of esophagus, primary	?
Due to	
Other conditions Carcinoma (squamous) of pharynx, primary (Include pregnancy within 3 months of death)	?
Major findings: Of operations	
Of autopsy Same.	

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] Reeler Gottschalk (M. D. or other) M.D.

Address Burnett Skin & Cancer Date signed 7/27/45

(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 Robert F. Gelken

Licensed Embalmer No. 4144

P. O. Address 2630 Grove's

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.