

S. No. 2
M-543
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38359**
Registrar's No. **252**

FILED DEC 7 1945
Registration District No. **306**

Primary Registration District No. **6048**

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town O'Fallon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST-MARYS-INSTITUTE
(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)

3. (a) PRINT FULL NAME SISTER MARY BENIGNA SEITZ
3. (b) If veteran, name war. **3. (c) Social Security** No.

4. Sex female **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 _____ months _____ days _____
7. Birth date of deceased 11 11 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 70 Days 2 If less than one day hr. min.

9. Birthplace Mariental, Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business

12. Name John Seitz

13. Birthplace not known, Russia
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Schramberger

15. Birthplace not known, Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Berchmans
(b) Address O'Fallon, Mo.

17. (a) BURIAL (b) Date thereof 11, 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONVENT CEMETERY

18. (a) Signature of funeral director McDaffney & Swick
(b) Address 300 N. Q. rd - St. Charles, Mo.

19. (a) No. 14-45 (b) E. A. Ketterly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Russia

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 13
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 27 to Nov 12 1945
that I last saw her alive on _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
Hypertension
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)
1

Major findings:
Of operations 138
Of autopsy _____

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?

23. Signature Nicholas J. Honch (M. D. or Public Health Officer)
While at work? (Specify type of place) _____
(e) Means of injury _____
Address O'Fallon, Mo. Date signed 11/17/45

Duration
5 yr.
5 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

1682

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-6-45

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

John E. Dallmeyer

Licensed Embalmer No. _____

2957

P. O. Address _____

St Charles Mo

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.