S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3073

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 535

1. PLACE OF DEATH:
(a) County St. Louis
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years 3
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Richmond Hts. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1730 Del Norte 3
(If rural, give location)
(e) Citizen of foreign country? N.R (Yes or No) 1
If yes, name country

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced — 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased OCTOBER (Month) 19 (Day) 1869 (Year)

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) ILL (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business —
MOTHER FATHER
12. Name HENRY F. FRANGEL 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 1
14. Maiden name CATHERINE DOOLEY
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
16. (a) Informant MARY GERTRUDE HENNEGHAN
(b) Address 1730 DEL NORTE HENNEGHAN
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director M. J. Crafton
(b) Address 7146 Manchester
19. (a) JAN 19 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1948 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 23 1945 to Jan. 17 1948 that I last saw her alive on Jan. 17 1948: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis Agitans	13 yrs.
Due to: Arteriosclerosis	Uncertain
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 L. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Blvd. Date signed 1/18/48

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

Jefferson City Printing Co. (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 John S. Dennehy

Licensed Embalmer No. 4194

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.