No. 800
10.48

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11132

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 644

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 W. Loretta

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 23 — 86 — 4860
d. STREET ADDRESS (If rural, give location): 204 W. Loretta — 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Seger

**4. DATE OF DEATH** (Month) (Day) (Year): 3 - 21 - 51

**5. SEX**: male — 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: May 17, 1875
**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none
**10b. KIND OF BUSINESS OR INDUSTRY**: none
**11. BIRTHPLACE** (State or foreign country): Lebanon, Ill. — 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ? Seger
**13b. MOTHER'S MAIDEN NAME**: Unknown —
**14. NAME OF HUSBAND OR WIFE**: Elizabeth

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Larry Seger, 204 W. Loretta — ADDRESS

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Primary - Descending Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive Cardiovascular Disease — 3 yrs

DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 153X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1/21, 1950, *to* 3/20, 1950, *that I last saw the deceased alive on* 3/20, 1951, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Michael L. Bartnick (Degree or title): M.D.
**23b. ADDRESS**: 7629 So. Broadway
**23c. DATE SIGNED**: 3/21/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): B
**24b. DATE**: Mar 25/51
**24c. NAME OF CEMETERY OR CREMATORY**: Catholic Cemetery
**24d. LOCATION** (City, town, or county) (State): Lebanon, Ill

DATE REC'D BY LOCAL REG.: 3/22/51
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Fendler Und. Co.
ADDRESS: 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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

Bartnick

## 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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed J E Mann

Signed _____
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address Jersey M

**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.