

NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35599**  
Registrar's No. **9599**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2318 Minnesota Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>2318 Minnesota Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Rudolf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 30, 1951</b>		
a. (First)		b. (Middle)		c. (Last)	
				<b>Seeger</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 23, 1872</b>	9. AGE (In years last birthday) <b>79</b>	# UNDER 1 YEAR Months <b>9</b> Days <b>7</b>	# UNDER 60 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Vaduz, Liechtenstein</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Franz Jos. Seeger</b>	13b. MOTHER'S MAIDEN NAME <b>Walburger Beck</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Seeger</b>	ADDRESS <b>2318 Minnesota Ave.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b> <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Interstitial Nephritis - 5 yrs</b> <b>Chronic Arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4221</b>
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22. I hereby certify that I attended the deceased from **July 24, 1951**, to **Oct 30, 1951**, that I last saw the deceased alive on **Oct 27, 1951**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Kain</b>	(Degree or title)	23b. ADDRESS <b>2730 McMain Ave</b>	23c. DATE SIGNED <b>Oct 30, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/2/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) (Mo.) <b>St. Louis</b>
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DATE REC'D BY LOCAL REG <b>OCT 30 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>	ADDRESS <b>2630 Gravois Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert F. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.