

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046299

STATE FILE NUMBER

11855

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp.		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3252 S. Grand	
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last SEEGER		4. DATE OF DEATH Month Dec. Day 9 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Sep. 5, 1871		9. AGE (In years last birthday) 87		10. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Collins		13b. MOTHER'S MAIDEN NAME Bridget Stretch	
14. NAME OF HUSBAND OR WIFE Late Charles E. Seeger		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Gertrude D. Niehoff		Address 6303a Sutherland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion				INTERVAL BETWEEN ONSET AND DEATH Sudden 12/9/58	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.1F DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Had a fall at home 12/2/58 laceration of scalp			
20c. TIME OF INJURY noon p.m. 12-2-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16 Home			
20e. CITY, TOWN, OR LOCATION St. Louis		20f. COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from 12/2/58 to 12/9/58 and last saw her alive on 12/6/58		Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph Berg		22b. ADDRESS 32038 Grand		22c. DATE SIGNED 12/9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 11, 1958		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. (State)			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. DEC 9 58		26. REGISTRAR'S SIGNATURE Charles Smith	

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 .....  
Signature of Student Embalmer

Signed *Richard W. Storvick*

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.