

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2691

**1. PLACE OF DEATH**

County.....

Registration District No. 780

Township.....

Primary Registration District No. 4466

City St. Genevieve (No. ....) St. .... (Ward)

File No. ....

Registered No. 3

**2. FULL NAME**

Joseph Seitz

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Mary Herzog

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 25 1853

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
77	3	7	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Shoe repairs retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) 81  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Genevieve Mo Missouri

**10. NAME OF FATHER**

Joseph Seitz

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Uniontown United States

**12. MAIDEN NAME OF MOTHER**

Elizabeth Rottler

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Uniontown United States

**14. INFORMANT**

John Seitz Farmington Mo

**15. FILE NO.**

Jan 3, 1931 T.W. Douglas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan. 2 1931

**17. I HEREBY CERTIFY, That I attended deceased from** Dec 24, 1930, to Jan. 2, 1931 that I last saw h. c. m. alive on Dec 30, 1930, and that death occurred, on the date stated above, at 2:37 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Prostatic Hypertrophy 137  
Pyelonephritis + Uræmia 138A  
 132F  
 (duration) 6 yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) Pyelonephritis + Uræmia  
 (duration) .... yrs. 3 mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ✓

**DID AN OPERATION PRECEDE DEATH?** no DATE OF 5

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical

(Signed) Dr. Lanning, M. D.

1/3, 1931 (Address) St. Genevieve Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

St. Genevieve Mo DATE OF BURIAL Jan 4 1931

**20. UNDERTAKER**

John Baskin St. Genevieve Mo ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1931

