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S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1942
Registration District No. 163

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 3021

Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town DeSoto
(c) Name of hospital or institution: 608 South Main
(d) Length of stay: In hospital or institution Not in Hospital
In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(d) Street No. 608 South Main
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 4
year 1942 hour 11 minute 45 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Mildred Guenther
(c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 8, 1885

21. I hereby certify that I attended the deceased from 7-25 1940 to Oct 4 1942
that I last saw him alive on Sept 12 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 3 Days 26
If less than one day hr. min.

Immediate cause of death: Cancer of Per
Duration 2 yrs

9. Birthplace DeSoto Mo.
10. Usual occupation Ret. Moulder
11. Industry or business

Due to
Due to
Other conditions Syphilis
Major findings: Of operations 53
Of autopsy

MOTHER FATHER {
12. Name August Seypholt
13. Birthplace ? Russia
14. Maiden name Rhoda Washburn
15. Birthplace DeSoto Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Wilhelm Ruff
(b) Address: 608 S. M. DeSoto Mo
17. (a) Burial (b) Date thereof Oct. 6, 1942
(c) Place: burial or cremation DeSoto (City)
18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 10-10-42 (b) Fern Spencer

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: [Signature] (M. D. or other)
Address: DeSoto Mo Date signed 10/6-42

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

J Lee Mothershead

Licensed Embalmer No.

3531

P. O. Address

Desoto mo

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.