

7. S. No. 2
FORM-5-43
Rev. 5-17-39
P. I. X3687

19162

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1156

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
726 Dallas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 726 Dallas
(If rural, give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME Karl Seyferth

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 18, 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 7 Days - 0 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolboy

11. Industry or business _____

12. Name John Seyferth

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Helber

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Seyferth

(b) Address 726 Dallas

17. (a) Burial (b) Date thereof May 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) MAY 23 1944 (b) E. D. McSwain, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from May 18, 1944 to 5-18-44
that I last saw him alive on 5-18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Lympho sarcoma of abdominal organs
Due to _____
Due to _____

Duration 4 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: 552
Of operations _____

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

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Green A. Greenleaf (M. D. or other)

Address 748 Lemay Date signed 5/19/44

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

MOTHER FATHER

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 *Clay E. Sudder*.....

Licensed Embalmer No. *4146*.....

P. O. Address *St. Louis, 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.