

S. No. 2
M-5-43
5-17-39
I X36671

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

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6220 Dexter Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 6220 Dexter Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Seyppöht

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Seyppöht

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

7. Birth date of deceased November 6, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 9 21 _____ hr. _____ min.

9. Birthplace Birmingham England
(City, town, or county) — (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name George Westwood

13. Birthplace Birmingham England
(City, town, or county) — (State or foreign country)

14. Maiden name Anna Hall

15. Birthplace Birmingham England
(City, town, or county) — (State or foreign country)

16. (a) Informant Mrs. W. S. Bremer

(b) Address 6220 Dexter Drive Affton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streipes

(b) Address 2521 Edwards St. Alton, Ill

19. (a) AUG 29 1944 (Date received local registrar) (b) C. D. McLaran, JR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1944 hour 4 minute 45 AM

21. I hereby certify that I attended the deceased from July 14th, 1944, to Aug 27th, 1944
that I last saw h. or alive on Aug 27th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Pyloric Carcinoma of Stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46h

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Dr. T. D. B. Laylock (M. D. or other) _____
Address 1415 Salisbury St Date signed 8/29/44

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, by

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert H. Stropker

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.