

FILED DEC 1 1944
Registration District No. 3177

Primary Registration District No. 6076

Registrar's No. 2400

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Months 1 Day
(Specify whether years, months or days)

In this community 9 Months 1 Day

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Manchester 96
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Rd 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Seyes, Charles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased March 19 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>8</u>	<u>3</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Seyes, D

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

14. Maiden name Unknown

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

16. (a) Informant Pine Crest Home

(b) Address Ballwin Mo

17. (a) Burial (b) Date thereof 11-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Quigley

(b) Address Kirkwood Mo

19. (a) DEC 1 1944 (b) C. S. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1944 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 21 1944 to Nov. 22 1944

that I last saw him alive on Nov. 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 938

Due to 938

Other conditions Antero-Septum-Cor Arteritis
(Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury

Signature R. H. Jansen (M. D. or other)

Address Manchester Mo Date signed 11/22/44

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

7600

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..... *Van M. Sizemore*.....

..... Licensed Embalmer No. *4343*.....

..... P. O. Address *7415 Zephyr Pl., Memphis, Miss*.....

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.