

S.No. 2
M-2-43
5-17-39
X32697

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI

21453

FILED JUL 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1342

1. PLACE OF DEATH: St. Louis

(a) County Washington

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

(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jasper

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

(d) Street No. 107 - F
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SEIFERT LAWRENCE M.

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Suey S. Seifert

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 2 1883
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20 If less than one day 12 hr. 15 min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John U. Seifert

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

14. Maiden name Suey Kananen

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Seifert

(b) Address Creve Coeur Mo

17. (a) Creve Coeur (b) Date thereof 6-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Creve Coeur Mo

19. (a) 6-24-46 (b) Ed M. Darrow M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Feb 3
1946, to June 22, 1946

that I last saw him alive on June 22
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chr. Myocarditis

Due to 93d

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Ed Denny (M. D. or other) MD

Address Creve Coeur Mo Date 6-22-46

Duration

plus

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1946 5 9/17

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Not E. M. Palmer
Edward Palmer

Licensed Embalmer No.

3403

P. O. Address.....

Festus 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.