S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 3/47

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

36570

State File No. 0

Registrar's No. 2154

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES 7 (If outside city or town limits, write "RURAL")
(d) Street No. 730 N LACLEDE 4 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME WILLIAM JOHN SEEVER
3. (b) If veteran, name war NONE
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY K SEEVER
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JULY (Month) 20 (Day) 1860 (Year)

8. AGE: Years 87 Months 2 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation REAL ESTATE
11. Industry or business SELF
FATHER
12. Name WILLIAM SEEVER 4
13. Birthplace UNKNOWN (City, town, or county) HOLLAND (State or foreign country)
MOTHER
14. Maiden name PHILIPINA EHLER 4
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Mary K Seever
(b) Address 730 N Laclede Web-Groves Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Parker Und Co
(b) Address Webster Groves Mo
19. (a) 10-13-47 (Date received local registrar) (b) Ewald Sharp MD (Registrar's signature) MSa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb - 1st 1942, to Oct 10 1947; that I last saw him alive on Oct 10 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	4 da
Due to Myocarditis Ch Arteriosclerosis Gen	
Due to Cystitis Chr	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury H

23. Signature Carl C Lechner (M. D. or other)
Address Webster Groves Date signed 10-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 28 1941

OCT 30 1941

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.