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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#9118
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34686
State File No. _____
Registrar's No. 9374

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: 3 days
In this community Wife

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1628 Texas Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME OLLIE SEEP
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 28th
year 1948 hour 8 minute 07 P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29-1948

21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 28th, 1948
that I last saw him alive on Oct. 28th, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 1 Days 29
If less than one day _____ hr. _____ min.

Immediate cause of death polymyelitic spinal and lula
Duration 6 days

9. Birthplace St. Louis Mo
10. Usual occupation Infant

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER
11. Industry or business _____
12. Name Russell Seep
13. Birthplace St. Louis Mo
14. Maiden name Virginia Kerso
15. Birthplace Alton Illinois

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

16. (a) Informant Russell Seep
(b) Address 1628 Texas Ave
17. (a) Burial (b) Date thereof 10-30-48
(c) Place: burial or cremation Mt. Hope Cem
18. (a) Signature of funeral director AW McLaughlin
(b) 10/29/48
19. (a) 10/29/48 (b) J. S. Racette

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature 1515 Lafayette Date signed 10/29/48

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

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..... *P. W. Cooper*

Licensed Embalmer No. *5839*

P. O. Address. *2301 Lafayette*

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.