

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34691**
Registrar's No. **9035**

National Office of Vital Statistics

FILED OCT 30 1948

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **9035**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, MO.**
(If outside city or town limits, write "BURIAL" and name of township)
(c) Name of hospital or institution..... **City Infirmiry Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **3-11-27 to 10-11-48**
(Specify whether
In this community..... **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **MO** (b) County..... **OS**
(c) City or town..... **St Louis**
(If outside city or town limits, write "BURIAL")
(d) Street No..... **City Infirmiry**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Thomas Seufzer**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month **Oct.** day **11**
year..... 1948 hour..... 10 minute..... 55A M.
21. I hereby certify that I attended the deceased from **Mar 11**
1947 to **Oct 11**, 1948
that I last saw him alive on **Oct. 11**, 1948
and that death occurred on the date and hour stated above.

4. Sex..... **MALE** 5. Color or race..... **WHITE**
6. (a) Single, widowed, married, divorced..... **SINGLE**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Duration

7. Birth date of deceased..... **DEC. 3 - 1869**
(Month) (Day) (Year)

Immediate cause of death
Uremia due to Chronic Pyelonephritis **6 mo.**

8. AGE: Years Months Days If less than one day
78 10 8 hr. min.

Due to **Chronic Prostatic Obstruction**

9. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

Due to **Benign Prostatic Hypertrophy**

10. Usual occupation..... **NO. KNOWN**

Other conditions..... **Decubitus Ulcers**
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: **127**

12. Name..... **VINCENT SEUFZER**
13. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

Of operations.....

14. Maiden name..... **KATIE**
15. Birthplace..... **GERMANY**
(City, town, or county) (State or foreign country)

Of autopsy..... **Same**

16. (a) Informant..... **MARGARET KELLY**
(b) Address..... **2331 MULLANPHY**

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)

17. (a) **BURIAL** (b) Date thereof..... **10-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **CALVARY**

While at work?..... (Specify type of place)
(e) Means of injury.....

18. (a) Signature of funeral director..... **William Kelly**
(b) Address..... **4386 Lindell**
19. (a) **OCT 29 1948** (b) **J B Lester**
(Date received local registrar) (Registrar's signature)

23. Signature..... **Mass O'Connell** (M. D. or other)
Address..... **5800 Arsenal** Date signed..... **10/13/48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Ralph W. Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.