

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3076

WRITE PLAINLY—USE 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: 420 Summit Ave.  
(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 Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 420 Summit  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Elmer Sebastian

3. (b) If veteran, name war No 3. (c) Social Security No. 499-28-4114

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Agnes Sebastian 6. (c) Age of husband or wife if 64 years

7. Birth date of deceased: July 22 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 25 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Court Reporter

11. Industry or business Gore Reporting Co.

12. Name Charles P. Sebastian

13. Birthplace Madison Co., Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Tartt

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

16. (a) Informant Jessie A. Sebastian

(b) Address 420 Summit

17. (a) Removal (b) Date thereof 11-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Marks-Weber Funeral Home

(b) Address Edwardsville, Ill.

19. (a) 11-18-48 (b) Paul K. Webb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1948 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 1948  
to Nov 17 1948  
that I last saw him alive on Nov 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration 24 hrs.

Due to Coronary arteriosclerosis

Due to 940

Other conditions Myocardial infarct Feb 48  
(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? \_\_\_\_\_

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

23. Signature Paul K. Webb (M. D. or other) M.D.  
Address 721 Olive St. Date signed Nov 17 48

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**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..... *Robert G. Happe* .....  
Lic. Embalmer

Licensed Embalmer No. *2571*.....

P. O. Address.....

**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.**