

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28535

318

1003

State File No.

Registrar's No. 7578

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 7578			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			c. LENGTH OF STAY (in this place) 4 hr			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			d. STREET ADDRESS (If rural, give location) 339a Antelope St		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				4. DATE OF DEATH (Month) (Day) (Year) Aug 29th 1949							
3. NAME OF DECEASED (Type or Print) a. (First) Kate			b. (Middle) _____			c. (Last) Seifert			5. SEX female		
6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Jan 2nd, 1879			9. AGE (In years last birthday) 70		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Mitchel, Ill.			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Peter Seifert					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.J. Duncan, 4649 Pope Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis ANTECEDENT CAUSES Diabetes mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS none Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			21f. HOW DID INJURY OCCUR? 260X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			22. I hereby certify that I attended the deceased from July 10, 1948 , to Aug 29, 1949 , that I last saw the deceased alive on Aug 29, 1949 and that death occurred at 1002 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) K.F. Miller M.D.				23b. ADDRESS 8410 N Broadway				23c. DATE SIGNED 8-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 1st 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. AUG 31 1949		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich Funeral Home, 8319 Hallsfer ry					

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Wm. Dinkley
Licensed Embalmer No. 3653

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.