

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39818**
04534

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carsonville)	c. LENGTH OF STAY (In this place) 10 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Carsonville 9.5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8706 Alva Ave.		d. STREET ADDRESS (If rural, give location) 8706 Alva Ave. 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Luther	b. (Middle) W.	c. (Last) Seymour	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1949
-------------------------------------	--------------------------	-----------------------	--------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 12 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fanchon B. Seymour
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-03-7454	17. INFORMANT'S SIGNATURE OR NAME Fanchon Seymour	ADDRESS 8706 Alva 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardio Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH Report
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. 442X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input type="radio"/> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **JAN 1940**, to **26 Nov, 1949**, that I last saw the deceased alive on **26 Nov, 1949**, and that death occurred at **12:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. E. Echterhoff M.D.	(Degree or title)	23b. ADDRESS 634 N Grand	23c. DATE SIGNED 11/28/49
---	-------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/29/49	24c. NAME OF CEMETERY OR CREMATORY Lake Charles	24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 11-28-49	REGISTRAR'S SIGNATURE Berbert H. Womke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
--	---	---	---------------------------------

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

OCT 18 1954

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.