S. No. 300
Rev. 10.48

0117

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

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12054

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 530

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2802 Gene Field Road

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): ****
c. (Last): Sedey

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 27, 1892
9. AGE (In years last birthday): 57 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rockford, Illinois.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Siebentritt
13b. MOTHER'S MAIDEN NAME: Mathilda Swanson
14. NAME OF HUSBAND OR WIFE: Walter S. Sedey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Walter S. Sedey **ADDRESS**: St. Joseph, Missouri.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tabes Dorsalis — 331XB

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30, 1950 *to* 4-30, 1950 *that I last saw the deceased alive on* 4-30, 1950 *and that death occurred at* 6:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold J. Brumo M.D.
23b. ADDRESS: 902 Edmond St Joseph Mo
23c. DATE SIGNED: 5-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Minneapolis, Minn.

DATE REC'D BY LOCAL REG.: May 4, 1950
REGISTRAR'S SIGNATURE: G. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer
ADDRESS: 1946 Colhoun St St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

Signed ******* Student Embalmer

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.