

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32136

State File No.

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2181**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Jennings		4130			
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp				d. STREET ADDRESS (If rural, give location) 5318 Hodiament Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Anthony			b. (Middle)		c. (Last) Seyer		4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 6 1889		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kelso Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Joseph Seyer			13b. MOTHER'S MAIDEN NAME ? Bosenmeyer			14. NAME OF HUSBAND OR WIFE Louise Seyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-05-1209		17. INFORMANT'S SIGNATURE OR NAME Louise Seyer				ADDRESS 5318 Hodiament 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, athermia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 10 days	
				. ANTECEDENT CAUSES Arteriosclerosis				10 yrs.	
				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.				4 yrs 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 7-5 , 19 50 , to 9-13 , 19 50 , that I last saw the deceased alive on 7-13 , 19 50 , and that death occurred at 4:05 P.M. from the causes and on the date stated above.									
23a. SIGNATURE E. E. Farris (Degree or title)				23b. ADDRESS 6673 Lillian St. Kansas			23c. DATE SIGNED 9-14-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16 1950		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. SEP 15 1950		REGISTRAR'S SIGNATURE Berbert R. Donker			25. FUNERAL DIRECTOR'S SIGNATURE W. Clark ADDRESS 1125 Hodiament Ave				

6623
10 to 12
William

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.