

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2985

FILED JAN 26 1951

State File No.

413

BIRTH NO. _____		REG. DIST. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST. JOHNS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1108 LOUISVILLE AV.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JACOB</u>		b. (Middle) <u>SEIFRIED</u>		c. (Last)	
4. DATE OF DEATH		5. SEX <u>M.D</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>FEB-3-1871</u>		9. AGE (In years last birthday) <u>79 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB SEIFRIED</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BUSCH</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN SEIFRIED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Seifried</u> ADDRESS <u>1108 Louisville</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Transverse Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.							
19a. DATE OF OPERATION <u>1-3-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Transverse Colon</u>				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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>152X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>1-14</u> , 19 <u>51</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.H. Rowden M.D.</u> (Degree or title)				23b. ADDRESS <u>6349 Grand</u>		23c. DATE SIGNED <u>1-15-51</u>	
24a. BURIAL, CREMATION, REMOVED (Specify)		24b. DATE <u>JAN-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u> ADDRESS <u>3125 Lafayette</u>			

(Licensed Embalmer's Statement of Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph B. Hollmer

Licensed Embalmer No. 40-14

P. O. Address 3125 Lafayette

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.