

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 29 1951 STANDARD CERTIFICATE OF DEATH

State File No. 10614
Registrar's No. 2514

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Annapolis 0470	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) --	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4155 Miami Street			

3. NAME OF DECEASED (Type or Print) Willie Seal	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 20, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Iron County, Missouri U	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME William Stevenson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Drewie Seal
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Drewie Seal	ADDRESS 4155 Miami Street
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Sclerotic</i> ANTECEDENT CAUSES <i>Mucous Salivitis</i> 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 5731
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fall</i>
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22. I hereby certify that I attended the deceased from *Feb 8, 1951* to *3-16, 1951*, that I last saw the deceased alive on *3-16, 1951*, and that death occurred *all 1:30 p.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. DeRen</i> (Degree or title) M.D.	23b. ADDRESS <i>1446 S. Grand</i>	23c. DATE SIGNED <i>3-17-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-17-51	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Arcadia, Missouri
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DATE REC'D BY LOCAL REG. MAR 17 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i> ADDRESS 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 28 1953

JUL 28 1953

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address W. Charles

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.