

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31841

State File No.

FILED SEP 22 1951

8005

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8005			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 45 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 3902 Iowa Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) _____		c. (Last) Segedin		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 25, 1870			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shear Operator			10b. KIND OF BUSINESS OR INDUSTRY American Stove Co.			11. BIRTHPLACE (State or foreign country) Yorek, Austria-Hungary			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Andrew Segedin		13b. MOTHER'S MAIDEN NAME Philopena Seiner		14. NAME OF HUSBAND/OR WIFE Elizabeth Paul			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Segedin, 3902 Iowa 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Upper respiratory infection 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 Sept 2 days 4 days	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H91X					
22. I hereby certify that I attended the deceased from 9-5-51 , 19 51 , to 9-7 , 19 51 , that I last saw the deceased alive on 9-7 , 19 51 , and that death occurred at 8:40P m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 2632 So Kemp Highway		23c. DATE SIGNED 9-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION* (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. SEP 10 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC. ADDRESS 1936 St. Louis Ave					

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

From card in [unclear]

Drs. Arnold & Bert Klein
2632 So. Kingshighway

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 Delix J. Krupin

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 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.