

XC 169 06 76

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18978

No. 300  
10-48

Reg. 101,315

State File No. ....

FILED JUN 7 1952

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1447

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU	
c. LENGTH OF STAY (in this place) 40 DAYS			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 124 N. MAIN ST.	

3. NAME OF DECEASED (Type or Print) HERBERT	a. (First)	b. (Middle) R.	c. (Last) SEITZ	4. DATE OF DEATH (Month) (Day) (Year) 5/22/52
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 3/2/04	9. AGE (In years last birthday) 48 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR	10b. KIND OF BUSINESS OR INDUSTRY TAILORING	11. BIRTHPLACE (City and State or Foreign Country) BELLE CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ALBERT SEITZ	13b. MOTHER'S MAIDEN NAME ELLEN WIENSTEAD	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES WORLD II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 HRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPOSTATIC CONGESTION OF LUNG DUE TO (c) Fibrothorax with mediastinal shift (supp. report)		4 HRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5/21/52	19b. MAJOR FINDINGS OF OPERATION THORACOPLASTY, RT. LIMITED (3 RIBS)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE NONE	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) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/12, 1952, to 5/22, 1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Malcolm H. Linnell</i> (Degree or title) M.D.	23b. ADDRESS V. A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 5/22/52
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24a. DATE REC'D BY LOCAL REG. 6-3-52	24b. DATE REGISTRAR'S SIGNATURE 5-24-52	24c. NAME OF CEMETERY OR CREMATORY LORMIER CEMETERY	24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, MO.
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25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert R. Donke</i> ADDRESS Cape Girardeau, Mo.	
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SW (Licensed Embalmer's Statement on Reverse Side)

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

AUG 12 1952

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.

Student .....  
Student Embalmer

Signed *Lewell Sneed*

Licensed Embalmer No. 4736

P. O. Address *Capri Gardens*

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.