S. No. 300
V. 10-48

XC-13151824
REG. #99AAB AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26792

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2046

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 196 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SAINT CLAIR 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVILLE 8
d. STREET ADDRESS (If rural, give location): 26 INDIANA AVE.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) (NMI) c. (Last) SEEKATZ JR.

4. DATE OF DEATH (Month) (Day) (Year): 7-30-52

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-29-79
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOLDER
10b. KIND OF BUSINESS OR INDUSTRY: IRON FOUNDRY
11. BIRTHPLACE (City and State or Foreign Country): BELLEVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES SEEKATZ
13b. MOTHER'S MAIDEN NAME: ELIZABETH HAZEL
14. NAME OF HUSBAND OR WIFE: ELLA SEEKATZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 328 03 2529
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MELANOMA, MALIGNANT, RIGHT NOSTRIL, WITH GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 15 MON.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ADENOCARCINOMA OF PROSTATE GLAND — 13 MON
DUE TO (c) 177X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 2-4-52
19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA OF PROSTATE GLAND - NEEDLE BIOPSY
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 1-16-52, 19__, *to* 7-30-52, 19__, ~~[illegible]~~ ~~[illegible]~~, 19__, *and that death occurred at* 8:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R A Allen M.D.
23b. ADDRESS: Vet.Adm. HOSP., Jeff. Brks., Mo.
23c. DATE SIGNED: 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: WALNUT HILL
24d. LOCATION (City, town, or county) (State): BELLEVILLE, ILLINOIS

DATE REC'D BY LOCAL REG.: 7-31-52
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: SOUTHERN U&L COMPANY, 6322 S.Grand, St.Louis

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.