

STANDARD CERTIFICATE OF DEATH

30028

State File No.

FILED SEP 5-1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7630	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Velda Village 4760		d. STREET ADDRESS (If rural, give location) 6707 Edison Ave. 161	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				4. DATE OF DEATH Aug. 10, 1952			
3. NAME OF DECEASED (Type or Print)		a. (First) Michael (Mike)		b. (Middle)		c. (Last) Seyer	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH July 20, 1885	
9. AGE (In years, last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Self-Retired		11. BIRTHPLACE (State or foreign country) Kelso, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME (Unknown) Seyer		13b. MOTHER'S MAIDEN NAME Angeline (Unknown)		14. NAME OF HUSBAND OR WIFE Minnie Seyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Seyer, 6707 Edison Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive C-V-R-disease					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic disease					
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from 5-2 1951 , to 8-10 , 1952 , that I last saw the deceased alive on 8-10 , 1952 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Richard J. McQuinn (Degree or title)				23b. ADDRESS 401 Humboldt Bldg.		23c. DATE SIGNED 8-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/13/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. AUG 11 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 N. Grand Blvd			

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

Number 2-3
Bldg.

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

working under my personal supervision.

Student Embalmer No.....

Signed E. E. Penick

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.