

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36831

State File No.

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9499**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 16yrs		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 20 2513a Mullanphy St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Seithel c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 14 1935	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. U	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Fred		13b. MOTHER'S MAIDEN NAME Margaret Whalen		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Seithel 2513a Mullanphy St.	

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* Subdural hemorrhage; contusions of both lungs, suffered when car operated by out thru ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Russo in which deceased was DUE TO (c) passenger, struck parked			INTERVAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS truck in street in front of about 2309 Howard about					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 730 pm Oct 10 1952 Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 10 52 7:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8161	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **200A** m., from the causes and on the date stated above. **20**

22a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10.15.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Colvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 14 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Cash Smith 4117 St. Louis Ave	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. Wilkins

Licensed Embalmer No. 2575

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.