

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40717

State File No.
Registrar's No. 9912

81418
NOV 19 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 955 Boone Street, 4051	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Joe c. (Last) Seesengood			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1952.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 25, 1952.
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months 2	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) writer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 10
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Edward F. Seesengood		13b. MOTHER'S MAIDEN NAME Norma E. Ellibee	14. NAME OF HUSBAND OR WIFE Single
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 Edward F. Seesengood, Florissant, 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) <i>Stalestasis</i> INTERVAL BETWEEN ONSET AND DEATH 36 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7620	
22. I hereby certify that I attended the deceased from 10-25-52 to 10-27-52, that I last saw the deceased alive on 10-26-52, and that death occurred at 10:00 pm, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Clayton R. Kamm M.D.</i>		23b. ADDRESS 706 Welton	23c. DATE SIGNED 10-28-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/52.	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County.
DATE REC'D BY LOCAL REG. OCT 28 1952	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.	

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.....

No Embalming
J. M. White
.....
Licensed Embalmer No.

P. O. Address.....

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.