

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3750**
Registrar's No. **0854**

318

1003

FILED FEB 11 1953

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0854 | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLIFTON HEIGHTS | | c. LENGTH OF STAY (in this place) 4 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLIFTON HEIGHTS, ST. LOUIS 3 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 6154 SIMPSON AVE. | | | | d. STREET ADDRESS (If rural, give location) 6154 SIMPSON AVE. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JENNIE | | | b. (Middle) ROSALTA | | c. (Last) SEACAT. | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH July 29, 1871 | | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 WKS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY housewife | | 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Charles H. Gramly | | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE George M. Seacat | | |
| 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 Lester Seacat, Jefferson City, Missouri | | | | |
| 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. | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis & Sanguine of Kees</i> 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4500 | | | | | |
| 22. I hereby certify that I attended the deceased from JAN 12, 1953 , to JAN 22, 1953 , that I last saw the deceased alive on JAN 22, 1953 , and that death occurred at 2 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Edward Welby MD</i> | | | | 23b. ADDRESS 3903 Olive St. Louis 8 | | 23c. DATE SIGNED JAN 22, 1953 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 1-24-53 | 24c. NAME OF CEMETERY OR CREMATORY Kinsley Cemetery | | 24d. LOCATION (City, town, or county) (State) Kinsley, Kansas | | |
| DATE REC'D BY LOCAL REG. JAN 26 1953 | REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd., | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *404*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.