

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12303**
2251
Registrar's No.

FILED MAR 18 1953

BIRTH NO. _____ 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)	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hosp (1)</i>		d. STREET ADDRESS <i>5800 Grand</i>	
3. NAME OF DECEASED a. (First) <i>William</i>		4. DATE OF DEATH (Month) <i>2</i> (Day) <i>20</i> (Year) <i>53</i>	
b. (Middle) <i>Seaman</i>		c. (Last) <i>Seaman</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>ab. 1891</i>
9. AGE (In years last birthday) <i>62</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St Louis, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	13a. FATHER'S NAME <i>unk</i>	13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>unk</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>PC Taylor, Coroner</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bleeding Esophagel</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <i>varices</i>			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>4621</i>	
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 <i>11:03 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm Taylor, Coroner</i>		23b. ADDRESS <i>1300 Cass</i>	23c. DATE SIGNED <i>2/27/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2-28-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>FEB 27 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. RURAL DELIVERY SERVICE ADDRESS <i>410A Manchester Ave</i>	

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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 _____

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.