

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16575

State File No. ....

FILED MAY 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1182

4001

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE 4651</u>	
c. LENGTH OF STAY (in this place) <u>8 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>1299 ANDREW DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1299 ANDREW DR.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>AUGUST</u> c. (Last) <u>SEIFERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-53</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>12-28-1872</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HANOVER GERMANY 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>RICHARD SEIFERT</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE FRIEDERICHS</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE SEIFERT</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-01-3999</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard W Seifert</u> ADDRESS <u>1299 Andrew Dr</u>	
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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* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June, 1952, to April 25, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 2:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul E. Rutledge M.D.</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo</u>		23c. DATE SIGNED <u>4.26.53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>4-26-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>		FUNERAL DIRECTOR'S SIGNATURE <u>McParker Aldrich</u> ADDRESS <u>F. Home Webster Groves Mo.</u>	
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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 *Leslie Welch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *Water Street* .....

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.