S. No. 300
v. 10-48

XC 15 554 292
Reg. 113,015

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34684

BIRTH NO. FILED OCT 2 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 800 Registrar's No. 2284

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. Louis
c. CITY OR TOWN: Unc. [redacted] 479 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 7955 ROCK HILL RD.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): M.
c. (Last): SEBAUGH

4. DATE OF DEATH (Month) (Day) (Year): 8/22/53

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 10/5/1900
9. AGE (In years last birthday): 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PUBLISHER
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (City and State or Foreign Country): BOLLINGER CO., MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ADAM SEBAUGH
13b. MOTHER'S MAIDEN NAME: CYNTHIA MC CRAY
14. NAME OF HUSBAND OR WIFE: PEGGY SEBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD II
16. SOCIAL SECURITY NO.: 497-16-5219
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V. A. HOSPITAL RECORDS

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): COR PULMONALE

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): EMPHYSEMA, PULMONARY
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: - - - - - 5271-
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 8/21, 1953, *to* 8/22, 1953, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 3:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Mogenis — Casimir Mogenis 0 M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 8/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 25-53
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS Mo

DATE REC'D BY LOCAL REG.: 8/24/53
REGISTRAR'S SIGNATURE: Hebert B. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEILIGTAG FUNERAL HOME IMPERIAL Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, ~~or by~~ ....., ~~Student Embalmer No.~~ .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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