

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41484

State File No. \_\_\_\_\_

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2965</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>1 HR.</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LOUIS COUNTY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>41 OAK TREE DRIVE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>WARREN</u>		c. (Last) <u>SEYMOUR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14, 1953</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 7, 1885</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED DESK SGT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W.G. POLICE DEPT.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT WALKER SEYMOUR</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE GRAVES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHANNA MUELLER SEYMOUR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-07-1981</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Johanna Seymour 41 Oak Tree Dr.</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>First Coronary Attack 10 yrs ago.</u> DUE TO (c) <u>Arteriosclerosis generalized.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>16 1/2 hrs</u>	
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) <u>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec 19, 1952</u> , to <u>Nov 14, 1953</u> , that I last saw the deceased alive on <u>Nov 14, 1953</u> , and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) <u>Norman C. Edwards M.D.</u>				23b. ADDRESS <u>98 W. Big Bend Rd. W.G. Webster Groves Mo.</u>		23c. DATE SIGNED <u>Nov 16-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>			
DATE REC'D BY LOCAL REG. <u>11/16/53</u>		REGISTRAR'S SIGNATURE <u>Hebert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME, INC.</u> <u>73 W. LOCKWOOD AVE</u> <u>WEBSTER GROVES, MO.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.