

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44468**  
Registrar's No. **11607**

FILED DEC 17 1953

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>		d. STREET ADDRESS (If rural, give location) <b>2133 14th St.,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			8120 8		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>GEORGE</b> c. (Last) <b>SEDABRES Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 3, 1932</b>	9. AGE (In years last birthday) <b>21</b>	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) <b>Steel bender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laclede Steel Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Joseph George Sedabres Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Leola Schweinel</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>Korean</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph George Sedabres Sr.</b> ADDRESS <b>Granite City, Ill.</b>		
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) <b>Fr of Skull; Brain Injury</b> <b>suffered when the autocab which the deceased was driving went out of control and struck a concrete abutment in the</b> <b>DUESOP block of Minnesota Road</b> II. OTHER SIGNIFICANT CONDITIONS <b>Granite City, Ill., around</b> <b>757 ave Dec 6 1953</b> 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 <b>Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Granite City Madison Illinois</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 6 53 7A<sup>31</sup></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>812 E8234</b>			
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 <b>345A</b> m., from the causes and on the date stated above. <b>31</b>					
23a. SIGNATURE <b>Patrick E. Taylor</b>		23b. ADDRESS (Care or title) <b>Coroner 1300 Clark Av.</b>		23c. DATE SIGNED <b>12-8-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-11-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 8 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John T. Sedlak Granite City, Ill.</b>		

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John J. Sedlack*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3747

P. O. Address Madison, Illinois

**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.