

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6802**  
Registrar's No. **1425**

**1003**

FILED MAR 4 1954  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

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). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1-week</b>		e. STREET ADDRESS (If rural, give location) <b>3225 Montgomery St. 2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozanam Shelter</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>August</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Seyforth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 12, 1954</b>
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Apr. 7, 1909</b>	9. AGE (In years last birthday) <b>44</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Production Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.W.K. (retired)</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Gustave A. Seyforth</b>	13b. MOTHER'S MAIDEN NAME <b>Loula Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Collette</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #2</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer McDonald- 722 Chestnut St.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia; Multiple Fractures; It rather as the result of jumping or falling from a bed of Ozanam Shelter, about 12:17 p.m., Feb. 12, 1954, could not be determined open Verdict</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Verdict</b>	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?	

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 12:17 p.m., from the causes and on the date stated above. **45**

23a. SIGNATURE <b>Patrick J. Taylor Coroner</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>2-15-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 16, 1954</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>FEB 15 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McHacker-Felderle - 3634 Gravois Ave.</b>
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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.....

*Frank J. Hyland*

Licensed Embalmer No. 26

P. O. Address *St Louis*

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.