No. 300
10.48

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

FILED JUL 1 - 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21234

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5249

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis 0
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Faith Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 36
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 4266
e. STREET ADDRESS (If rural, give location): 8407 Elmore Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): EUGENE
b. (Middle):
c. (Last): SELTZER

**4. DATE OF DEATH** (Month) (Day) (Year): June 11, 1954

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Unknown

**9. AGE** (In years last birthday): Abt. 70
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): Retired Prop.

**10b. KIND OF BUSINESS OR INDUSTRY**: Service Station

**11. BIRTHPLACE** (City and State or Foreign Country): Russia 6

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Solomon Seltzer

**13b. MOTHER'S MAIDEN NAME**: Unknown

**14. NAME OF HUSBAND OR WIFE**: Rose Seltzer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: Unknown

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. E. Seltzer-8407 Elmore Avenue

**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) Coronary thrombosis, multiple — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 2 yrs.

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

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**: 4201

22. *I hereby certify that I attended the deceased from* 12/8, 1949, *to* 6/11, 1954, *that I last saw the deceased alive on* 6/11, 1954, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Max S. Franklin M.D.
**23b. ADDRESS**: 634 N. Grand
**23c. DATE SIGNED**: 6/11/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 6/13/54
**24c. NAME OF CEMETERY OR CREMATORY**: Chesed Shel Emeth Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REGISTRAR: JUN 12 1954
REGISTRAR'S SIGNATURE: Earl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Herman Rindskopf, Inc., 5216 Delmar

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Kettles.....

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.