

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3084

State File No.

FILED FEB 10 1955

318

PRIMARY REG. DIST. NO 1003

Registrar's No. 0167

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO 1003		Registrar's No. 0167			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri				b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis,</i>		c. LENGTH OF STAY (In this place) <i>1 day</i>		c. CITY OR TOWN <i>Lemay</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Anthonys Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>328 Forbes Ave.</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sarah</i>			b. (Middle) <i>Viola</i>		c. (Last) <i>Sebastian</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 4, 1955</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Apr. 23, 1888</i>		9. AGE (In years) (Month) (Day) (Year) (Specify) <i>66</i>	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>A5 Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>? White</i>			13b. MOTHER'S MAIDEN NAME <i>? Griffin</i>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Jack Enlow, 328 Forbes Ave.</i>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral accident</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Hypertensive Heart Disease</i>				<i>2 years</i>	
				DUE TO (c) <i>Arteriosclerotic Heart Disease</i>				<i>2 years</i>	
		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 <i>4200</i>						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Jan 4th 1955</i> to <i>Jan 4, 1955</i> , that I last saw the deceased alive on <i>Jan 4th, 1955</i> , and that death occurred at <i>8:25 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Walter J. Sumner</i>				23b. ADDRESS <i>4617 W. Main St.</i>			23c. DATE SIGNED <i>1/7/55</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-7-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay 23, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 7 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Fendler Und. Co, 7420 Michigan Ave.</i>				

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *720 Michigan*

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.