

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13886**
Registrar's No. **3124**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 16 3735 Bamberger Avenue. 2169	
3. NAME OF DECEASED a. (First) Barbara b. (Middle) Katherine c. (Last) Seymour. (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1886
9. AGE (In years last birthday) 68 yrs. 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) Household		10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Mathias Theis		13b. MOTHER'S MAIDEN NAME Mary Braun	
14. NAME OF HUSBAND OR WIFE George L. Seymour		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mr. George L. Seymour, 3735 Bamberger Ave.	
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) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 332x		22. I hereby certify that I attended the deceased from <u>Jan. 3, 1955</u>, to <u>April 6, 1955</u>, that I last saw the deceased alive on <u>March 22, 1955</u>, and that death occurred at <u>7:30 P. M.</u>, from the causes and on the date stated above.	
23a. SIGNATURE <i>Robert Blashnick</i> (Degree or title) M.D.		23b. ADDRESS 1508 N. Grand Ave.	
23c. DATE SIGNED 4/7/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-9-55		24c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. 1936 St. Louis Avenue.	
DATE REC'D BY LOCAL REG. APR 7 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

Dr. Robert Potashnich
508 N. Grand
Phone - JE 1-9695
Hours - 12-6 Today

Be there between 12 and 12:30

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..... None
Signature of Student Embalmer

Signed..... Helis J. Krizan

Licensed Embalmer No. 34

P. O. Address H. Jan

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.