

No. 300  
10-48

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17002  
4659

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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 OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>7022 Holly Hills</b>	

3. NAME OF DECEASED (Type or Print) <b>ROLAND</b>	a. (First)	b. (Middle) <b>J.</b>	c. (Last) <b>SEIFERT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 24, 1923</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>31 yrs.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Maloney Electric</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Robert J. Seifert</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalena Doepke</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Melba Hoerber Seifert</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Melba Seifert, 7022 Holly Hills</b>
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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>acute Cerebral Edema and Congestion</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</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. <b>Meningeal hemorrhage - exposed</b> <b>6 mos</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <b>3:11</b>
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22. I hereby certify that I attended the deceased from 11/4/54, 19  , to 5/25/55, 19  , that I last saw the deceased alive on 5/25/55, 19  , and that death occurred at 9:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>W.B. Amey md</b>	(Degree or title)	23b. ADDRESS <b>76 Hampton Village</b>	23c. DATE SIGNED <b>5/26/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-28-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 27 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith md</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.R. INC., 1936 St. Louis Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Hours - after hours - 5

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 Delis J. Krupinski

Licensed Embalmer No. 34

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.