

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28385

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1795

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY OR TOWN FERGUSON	
c. LENGTH OF STAY (in this place) 9 Weeks		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 ST. LOUIS CO Hosp		STREET ADDRESS (If rural, give location) 451 ROBERT AVE.	

3. NAME OF DECEASED (Type or Print) Margaret Seater			4. DATE OF DEATH (Month) (Day) (Year) 8 - 1 - 55		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 26, 1872		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY AT HOME				11. BIRTHPLACE (City and State or Foreign Country) LITTLE ROCK ARK				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRED HILL			13b. MOTHER'S MAIDEN NAME MARY BEAUCHAMP			14. NAME OF HUSBAND OR WIFE LOUIS D. S.		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME GUSTAVE BAUMANN, 254 WOODSON		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart stroke		DUE TO (b)			
		ANTECEDENT CAUSES		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"/>	
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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?	
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22. I hereby certify that I attended the deceased from **8-1, 1955**, to **8-1, 1955**, that I last saw the deceased alive on **8-1, 1955**, and that death occurred at **2:35pm.**, from the causes and on the date stated above.

23a. SIGNATURE G. E. Smith (Degree or title) M.D.		23b. ADDRESS 601 S Brentwood		23c. DATE SIGNED 8/2/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-4-55		24c. NAME OF CEMETERY OR CREMATORY VAL HALLA, CEM. WELLS STON, MO		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 8/3/55		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Baumman & Sons Inc		ADDRESS 254 WOODSON, RA Overland	
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(Licensed Embalmer's Statement on Reverse Side)

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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..... *Oscar F. Mueller*

Licensed Embalmer No. *30*

P. O. Address *Overland*

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