

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31470**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8662**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION En route to Home H. 11		e. STREET ADDRESS (If rural, give location) 2514 Prairie Av.	
3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) c. (Last) Seals Jr.		4. DATE OF DEATH (Month) (Day) (Year) 10-1-55	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept-13, 1927
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Keiser Ark	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charlie Seals	13b. MOTHER'S MAIDEN NAME Willette Harris	14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lizzie Anthony 209 Russell 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Internal Hemorrhage ANTECEDENT CAUSES following stab wound of the chest, suffered when stabbed with undetermined instrument in hands of one Richard [unclear] in vicinity of Elliott and Dayton Streets		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION about 8:30 pm, October 1st 1955.	20. AUTHORITY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1 55 8:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E982x

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:51 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE James M Kelly (Degree of Title) Physician	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10.4.55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-8-55	24c. NAME OF CEMETERY OR CREMATORY Douglas
24d. LOCATION (City, town, or county) (State) St. Louis Mo		

DATE REC'D BY LOCAL REG. OCT 4 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. Burko	ADDRESS 3506 Franklin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
J. H. J. Gander

Licensed Embalmer No. *42*

P. O. Address *Rebata*

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.