

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3208**

FILED FEB 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **243**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	c. LENGTH OF STAY (in this place) <b>D.O.A.</b>	c. CITY OR TOWN <b>Affton 4800</b>	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 <b>St Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>7120 Aliceton</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>	b. (Middle) <b>L</b>	c. (Last) <b>Seise</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1956</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>May 13, 1896</b>	9. AGE (In years less birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ice cream store</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Confectionary</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>(LNUK) Seise</b>	13b. MOTHER'S MAIDEN NAME <b>not known</b>	14. NAME OF HUSBAND OR WIFE <b>Aurelia Seise</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>495-18-3546</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Seise</b>	ADDRESS <b>7120 Aliceton</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple gunshot wounds</b>  ANTECEDENT CAUSES <b>and hemorrhage</b> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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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) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ice cream store</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Affton St. Louis Mo.</b>
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <b>Jan. 23, 1956 10:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Gunshot wounds inflicted by a person or persons unknown.</b>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Emmett J. Williams, Coroner</b>	23b. ADDRESS <b>Clayton 5, Mo.</b>	23c. DATE SIGNED <b>1-27-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/27/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus 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>1-26-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b>	ADDRESS <b>7027 Gravois</b>
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26. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.