

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED APR 6 - 1956

State File No. **11409**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3178**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>20 2500A E SULLIVAN AVE</b>	

<b>3. NAME OF DECEASED.</b> (Type or Print) a. (First) <b>IRMA</b> b. (Middle) <b>MARY</b> c. (Last) <b>SEUFERT</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 28-1956</b>		
<b>5. SEX</b> <b>FEMALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	
<b>8. DATE OF BIRTH</b> <b>AUG 26-1893</b>		<b>9. AGE</b> (In years last birthday) <b>62</b>		IF UNDER 1 YEAR: Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>AT HOME</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MISSOURI</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U-S-A</b>					

<b>13a. FATHER'S NAME</b> <b>WILLIAM CRISMON</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>NANCY BASHAM</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>JOHN-W-SEUFERT</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>JOHN W SEUFERT</b> ADDRESS <b>2500-E-SULLIVAN</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>Cerebral thrombosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 hrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		Rheumatic endocarditis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Rheumatic Endocarditis</b>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>414X</b>	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>June 53</b> , <b>1953</b> , to <b>Mar. 56</b> , <b>1956</b> , that I last saw the deceased alive on <b>3/27, 1956</b> , and that death occurred at <b>12:54 p.m.</b> , from the causes and on the date stated above.					

<b>23a. SIGNATURE</b> <b>W.O. Mowrey</b> (Degree or title) <b>M.D.M.D.</b>		<b>23b. ADDRESS</b> <b>3625 Fair</b>		<b>23c. DATE SIGNED</b> <b>3/29/56</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>MARCH 30-56</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>ST PETER &amp; PAUL CEM</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. LOUIS MO</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 29 1956</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McThomas Rutis</b> ADDRESS <b>2906 Shavis</b>	
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(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 em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo J Budd*.....  
Licensed Embalmer No. *39*.....  
P. O. Address *St. Louis*.....

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