

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43853

STATE FILE NUMBER

318

1003

11209

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <i>ST. LOUIS</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>ILLINOIS</i> b. COUNTY _____					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY <i>EAST ST. LOUIS</i> OR TOWN _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MISSOURI PACIFIC Hosp.</i>			Length of stay in 1b _____		d. STREET ADDRESS <i>856 North 51<sup>st</sup> St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>JAMES</i> Last <i>SELLER</i>				4. DATE OF DEATH Month <i>12</i> Day <i>6</i> Year <i>56</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Dec. 24, 1877</i>		9. AGE (In years last birthday) <i>78</i>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Track laborer (PENSK)</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Missouri Pacific</i>		11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Unk. Seiller</i>				14. MOTHER'S MAIDEN NAME <i>Catherine Unk</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT <i>Lambert Seiller 6145 Idaho</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Senility</i>							INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420.1</i>						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>NOV. 26, 1956</i> to <i>DEC. 5, 1956</i> and last saw her/him alive on <i>DEC. 5, 1956</i> Death occurred at <i>107</i> <i>AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Wm. Buehl</i>				22b. ADDRESS <i>Mr. Paul Hoop</i>		22c. DATE SIGNED <i>12-6-56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<i>removal Motor 12-10-56</i>				<i>Palmer Hill Cem.</i>		<i>Columbia, Mo. Ill.</i>			
24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> <i>6322 S. Grand, St. Louis, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>DEC 7 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, or physician must certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David Dan Fossom* .....

Licensed Embalmer No. *42*

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.