

300
1-56

Health, Welfare and Public Service
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

26557
STATE FILE NUMBER
1003
318 Primary Registration District No. 5205 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.			d. STREET ADDRESS 527 Crescent Dr.		
3. NAME OF DECEASED (Type or print) HARRY T BERRY SEYBT			4. DATE OF DEATH 6-2-1957		
5. SEX M		6. COLOR OR RACE W		8. DATE OF BIRTH 1-14-1894	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Gen. Electric Co.		11. BIRTHPLACE (City and state or country) Anderson S.C.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1		
16. SOCIAL SECURITY NO.			17. INFORMANT H.B. Seybt Jr. 4955 Lindenwood		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct (probably ruptured heart) DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 420.0 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years
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.) None			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION -----		20g. STATE	
21. I attended the deceased from 10-31-55 to 6-2-57 and last saw him him alive on 6-1-57 P.M. Death occurred at 5:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. B. Seybt Jr. M.D.			22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.		22c. DATE SIGNED 6-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 6-4-1957		23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR Parker-Aldrich			25. DATE RECD. BY LOCAL REG. JUN 3 57		26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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. 43
P. O. Address.....

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.