

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38135  
STATE FILE NUMBER

9519  
REGISTRAR'S NO.

FILED NOV 6 1957

Registration District No. 318

Primary Registration District No. 1003

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 38 Alexian Bros Hosp. DOA				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 27 634 Sappington Brks Rd	
3. NAME OF DECEASED (Type or print) First Middle Last John Rudolph Seeck			4. DATE OF DEATH Month Day Year Oct 8th 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11th 1896		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min. 4 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter			10b. KIND OF BUSINESS OR INDUSTRY Construction Work		11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Berhardt Seeck				14. MOTHER'S MAIDEN NAME Mary Lingemann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. W.W. NO 1		17. INFORMANT Mrs Viola Seeck		Address 634 Sappington Brks Rd St Louis	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERY THROMBOSIS DUE TO (c) HYPERTENSIVE & ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 420.0						INTERVAL BETWEEN ONSET AND DEATH 20 MINUTES 20 MINUTES	
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.)				
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		20g. COUNTY STATE	
21. I attended the deceased from May 7, 1953, to Oct 8, 1957 and last saw her alive on Oct. 7, 1957. Death occurred at Oct. 8, 1957 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert E. Koch M.D.				22b. ADDRESS 35 W. CENTRAL		22c. DATE SIGNED 10.11.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 12 1957	23c. NAME OF CEMETERY OR CREMATORY St Francis Borgia Cem		23d. LOCATION (City, town, or county) (State) Washington, Mo.		
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.			25. DATE RECD. BY LOCAL REG. OCT 14 57		26. REGISTRAR'S SIGNATURE Carl Smith MO		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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 *Charles R. Padwick*

Licensed Embalmer No. 40

P. O. Address *St. Louis*

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