

Dept. Health,
oc., & Welfare
J. S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027192

STATE FILE NUMBER

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **6219**

V. S. 300
Rev. 1-57
38
39 4

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hos.		d. STREET ADDRESS (If outside, give location) 1112 Soulard	
3. NAME OF DECEASED (Type or print) First Anna Middle Last Seitz			4. DATE OF DEATH Month June Day 29 Year 1959
5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 1, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years (birthday)) 64
11. BIRTHPLACE (City and state or country) Sioux City Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Fitzpatrick		13b. MOTHER'S MAIDEN NAME Nona Schoup	
14. NAME OF HUSBAND OR WIFE William Seitz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 493-24-7762		17. INFORMANT Address Annabelle Baldrige 2100 Wismer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency Diabetes Mellitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 260x DUE TO (c) _____ 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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <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 6-3-59 to 6-29-59 and last saw her/him alive on 6-29-59 Death occurred at 1112 Soulard St. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Otto C. Hansen MD		22b. ADDRESS 3012 Lafayette Ave.	
22c. DATE SIGNED 6-30-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/2/59		23c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen		25. DATE RECD. BY LOCAL REG. JUL 1 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>mjb</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Halley A. Gallen Jr*

Licensed Embalmer No. *9950*

P. O. Address *St. Louis*

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.