URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009341

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 649

STATE FILE NUMBER

IENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shrewsberry — Length of stay in 1b 8 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7726 Sutherland — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Shrewsberry — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 7726 Sutherland — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CLIFFORD Middle E Last SEITZ

4. DATE OF DEATH Month Feb. Day 24, Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 11/5/10
9. AGE (last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dryer
10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery
11. BIRTHPLACE (City and state or country) Affton Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Seitz
13b. MOTHER'S MAIDEN NAME Louise De Mange
14. NAME OF HUSBAND OR WIFE Helen M Seitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 488-09-6117
17. INFORMANT Helen M Seitz Address 7726 Sutherland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Natural Causes – Cause Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Probably Cerebral Hemorrhage or Massive Myocardial Infarct — instantaneous
DUE TO (c) Hypertensive Cardio-Vascular Disease — 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

Phone Conversation with Mr. Harris, Coroner on this case by me – OK as above JVK

21. I attended the deceased from 7/7/55, to 2/24/60 and last saw her/him alive on 1/10/60
Death occurred at 10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS 689 E. Big Bend – Webster Groves 19 Mo
22c. DATE SIGNED 2/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 2/27/60
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan 11
25. DATE RECD. BY LOCAL REG. 2-26-60
26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mo

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