URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-032843
STATE FILE NUMBER

FILED VS SEP 8 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8544

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST.LOUIS,MO. Length of stay in 1b One Week

c. CITY OR TOWN St.Louis Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST.LOUIS CITY HOSP. #I Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2323 Tennessee Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HENRY Middle S. Last SEBASTIAN

4. DATE OF DEATH Month 8/30/60 Day Year

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-17-1877

9. AGE (last birthday) 82 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) Freight Handler

10b. KIND OF BUSINESS OR INDUSTRY Busch Brewer

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George

13b. MOTHER'S MAIDEN NAME Barbara Wolf

14. NAME OF HUSBAND OR WIFE Pauline Sebastian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Address Pauline Sebastian 2323 Tennessee

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

IMMEDIATE CAUSE (a) STATUS Epilepticus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) INTRACRANIAL TUMOR ? METASTATIC

DUE TO (c) Carcinoma of PROSTATE

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177x

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

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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

21. I attended the deceased from 8/23/60, to 8/30/60 and last saw her/him alive on 8/30/60
Death occurred at 4:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph Beddy M.D.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 8/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-2-60

23c. NAME OF CEMETERY OR CREMATORY St Peter & Paul

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Weick Bros 2201 S.Grand

25. DATE RECD. BY LOCAL REG. AUG 31 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed J. Wm. Dinkler

Licensed Embalmer No. H 2

P. O. Address St Lou

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.