

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023593

STATE FILE NUMBER

AMENDED

Registration District No. 367 Primary Registration District No. 541 Registrar's No. 1635

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo.		Length of stay in lb ARS	c. CITY OR TOWN Berkeley
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8330 Fairbanks, Dr.
3. NAME OF DECEASED (Type or print) First Billy Middle Lee Last Seal		4. DATE OF DEATH Month June Day 11 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/30/1934
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, if any) Foreman Watlow Electric Co.		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 26
11. BIRTHPLACE (City and state and country) Piggott, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Alvin Seal		13b. MOTHER'S MAIDEN NAME Anna Mae Duty	
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. Nil.	
17. INFORMANT Milam Seal, 8330 Fairbanks, Dr, Berkeley Mo.		14. NAME OF HUSBAND OR WIFE Ruby	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypovolemic shock DUE TO (b) Massive intra abdominal hemorrhage 2 hrs DUE TO (c) Traumatic laceration of liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral concussion; hemothorax			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) STRUCK CONCRETE DIVIDER WHILE DRIVING VEHICLE.	
20c. TIME OF INJURY 2:00 a.m. 6/11/61	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 COUNTY STATE
21. I attended the deceased from 6-11-61 to 6-11-61 and last saw him alive on 6-11-61		Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Vincent J. Frederick M.D.		22b. ADDRESS 601 S. Brentwood Blvd., Clayton, Mo.	22c. DATE SIGNED 6/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-12-61	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Piggott, Arkansas.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. OFFICER REGISTRAR'S SIGNATURE 6-12-61 <i>[Signature]</i>	

JUL 14 1961

JUL 6 1961

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 John J. Harris

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.