MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027869

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2207

AMENDED

FILED AUG 11 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~St. Louis, Missouri~~ RICHMOND HGTS.
Length of stay in 1b DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Union,
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Union Township
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CARL Middle F. Last SEWALD JR.
4. DATE OF DEATH Month August Day 4, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 26, 1915
9. AGE (last birthday) 46
IF UNDER 1 YEAR Months 2 Days 28
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prudential Insurance
10b. KIND OF BUSINESS OR INDUSTRY Insurance Salesman
11. BIRTHPLACE (City and state or country) Festus, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Carl F. Sewald Sr.
13b. MOTHER'S MAIDEN NAME ? Buenniger
14. NAME OF HUSBAND OR WIFE Eileen Sewald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
17. INFORMANT Address Eileen Sewald, Union, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral edema
DUE TO (c) Brain tumor (malignant)
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)
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 5-18-61, to 8-4-61 and last saw her/him alive on 8-3-61
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin S. Walker (Degree or title) M.D.
22b. ADDRESS 4161 Lindell
22c. DATE SIGNED 8-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE Aug. 7, 1961
23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cem.
23d. LOCATION (City, town, or county) (State) Festus, Jefferson, Mo.

24. FUNERAL DIRECTOR Oltmann Funeral Home, Union, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 8-5-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.