

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039208

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9941 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS
 Length of stay in 1b
 c. CITY OR TOWN ST. LOUIS
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2316 TEXAS AVE
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM C SEAVER
 4. DATE OF DEATH Month Day Year
OCT 24 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH JAN 2 1886 9. AGE (last birthday) 75
 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) RETIRED STOCK CLERK
 10b. KIND OF BUSINESS OR INDUSTRY FAMOUS + BARR
 11. BIRTHPLACE (City and state or country) ST. LOUIS MO
 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME WILLIAM SEAVER 13b. MOTHER'S MAIDEN NAME EMMA NORTHRUP
 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I
 17. INFORMANT WALTER SEAVER 3876 HUMPHREY Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease
 DUE TO (b) Generalized arterio sclerosis
 DUE TO (c) 420.0
 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 10/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE OCT 27 1961 23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY 23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO

24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois ADDRESS 2906 Gravois 25. DATE RECD. BY LOCAL REG. OCT 27 1961 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Lochly H. King Jr.*

Licensed Embalmer No. 4861

P. O. Address Blayton 5, 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.