N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12292

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 108
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson City (No. ..... St. ..... Ward)

2. FULL NAME Edmund Seewczyk #43783
(a) Residence, No. Mo. State Prison St., ... Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Lillian Seewczyk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1911

7. AGE: YEARS 23 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mo Penitentiary

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE Apr. 2 1934

19. UNDERTAKER (ADDRESS) Thorpe Gordon Jefferson City Missouri

20. FILED 4-3 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to April 2, 1934
I last saw him alive on April 2, 1934. Death is said to have occurred on the date stated above, at 7:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	

Other contributory causes of importance:
Stab wound of heart (homicidal intent)

Name of operation Chondro-Thoracoplasty Date of 4-2-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4-2, 1934
Where did injury occur? Mo. State Penitentiary (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury Stab wound of heart.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Rambo, M. D.
(Address) Jefferson City, Missouri