

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

791 / 1003 / 723
Do not use this space.

1. **DATE OF DEATH** FEB 12 1938
 (a) County
 (b) Township
 (c) City (d) Street No. City Hospital # 1 Registered No. 579
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. **PRINT FULL NAME** Chas. M. Seymour 236
 (a) Residence, No. 112 1/2 No 62 St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown
 11. Total time (years) spent in this occupation Unknown
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 FATHER
 13. NAME Unknown 31
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Emmett Holzer P.D.
 (ADDRESS) 542 1/2 0 West
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 1-7-38
 19. FUNERAL DIRECTOR W. B. Burtin 3514 St Louis
 (ADDRESS) St Louis
 20. FILE JAN 17 1938 J. Bredick Local Registrar.

No autopsy
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23/37
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset
 Other contributory causes of importance:
Atherosclerosis
 Name of operation _____ Date of _____
 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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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 _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Joseph H. Holzer, M.D.
 (Address) St Louis
Robert

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 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....

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.)