

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED MAY 9 1944

Registration District No. **318** Primary Registration District No. **4002** Registrar's No. **3957**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Ann Besloges  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Sefert, William Hy.

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** white

**6. (a) Single, widowed, married, divorced** W.

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** April 10 1879  
(Month) (Day) (Year)

**8. AGE:** Years 65 Months 0 Day 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** St Louis Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Carpenter odd jobs

**11. Industry or business** \_\_\_\_\_

**12. Name** John Sefert

**13. Birthplace** St. Louis, Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Anna Baah

**15. Birthplace** St Louis  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Edward Sefert

**(b) Address** 2714 Arcomar St

**17. (a) (Burial, cremation, or removal)** Removal **(b) Date thereof** 4/29/1944  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Christy, Ill

**18. (a) Signature of funeral director** Byrdmedian Funeral Home

**(b) Address** 1936 St Louis

**19. (a) (Date received local registrar)** APR 28 1944 **(Registrar's signature)** J. F. [Signature]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1909 St Louis  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 4 day 27  
year 44 hour 5 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** 4-21  
19 44 to 4-27- 19 44

that I last saw im alive on 4-27- 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death: 1) Prostatic Carcinoma  
& metastases to surrounding tissues  
2) Lobar Pneumonia - plb.  
3) Acute Right sided Heart Failure  
4) Hypertensive Heart Disease

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy stated above

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

**23. Signature** Wm A. [Signature] (M. D. or other) \_\_\_\_\_

**Address** 1325 So. Grand **Date signed** \_\_\_\_\_  
St. Ann Besloges Hospital

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

**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 this body is not embalmed, fact should be so stated above.**