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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24701

Registrar's No. 6711

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

1. PLACE OF DEATH:

(a) County

(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. L. City Hosp.#1.Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4366 Hunt Avenue 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARVIN KISSEL SEATON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 21, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	5	7	9	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Marvin F. Seaton
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Smith
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Seaton
(b) Address 4366 Hunt Avenue

17. (a) burial (Burial, cremation or removal) (b) Date thereof 8-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Valhalla~~ Mt. Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 3301 Lafayette Avenue

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUL 30 1948

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 30th
year 1948 hour 3:05 minute a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage with compound fracture of Pelvis when he scooted from the running board of a truck driven by one William E. Lange, and was run over in front of 4356 Hunt Ave around 3:35 P.M., July 29, 1948.

Due to ACCIDENT.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 7-29-1948

(c) Where did injury occur? St.Louis,Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place 3
(Specify type of place)

While at work? no (e) Means of injury See above

23. Signature Patrick E. Taylor (M. D. or other)
Address D. C. Date signed 7-30-48

(Licensed Embalmer's Statement on Reverse Side)

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. 3830

P. O. Address 301 Lafayette

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.

State of Mo
County of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 6711

On this 25th day of August, 1948, before me appears Wm. Lang Klein, who, upon his oath, states that the original record of ~~birth~~ death for Marvin Kirsel Leaton, ~~born~~ died July 30, 1948, in the State of Missouri, and which was filed at St Louis on 7-30, 1948, should be corrected as follows:

Item No. 17c should read Mt. Hope Cemetery

Instead of Valhalla Cemetery

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant A. H. McLaughlin Funeral Dir.
Relationship.

7301 Lafayette
Present Address.

Subscribed and sworn to before me this 25 day of August, 1948.

My Commission Expires March 4th, 1949

My Commission expires Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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