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FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3264

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		17		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo-Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Months 70 2323a Dodier St.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>JOHN</b> c. (Last) <b>SEYLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 1 49</b>			5. SEX <b>Male</b>			6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____			8. DATE OF BIRTH <b>April 12-1889</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Checker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>B. &amp; O R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>John Seyle</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Nora Seyle</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nora Seyle</b>			ADDRESS <b>2323a Dodier St</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of right lung</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>H7d</b> <b>142</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <b>10/8</b> , 1948, to <b>1/1</b> , 1949, that I last saw the deceased alive on <b>1/1</b> , 1949, and that death occurred at <b>1:10 P</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>G. J. Strynath, M.D.</b> (Degree or title)				23b. ADDRESS <b>1755 S. Bend St. Louis 4 Mo</b>			23c. DATE SIGNED <b>1/1/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>line 1-4-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>				
DATE REC'D BY LOCAL REG. <b>JAN 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Hy. Leidner U. Co.</b> ADDRESS <b>2223 St. Louis</b>					

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

**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 .....  
Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address 2223 St. Louis

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.