

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3469

State File No.

S. No. 300
v. 10.48

4000

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Florissant		c. CITY (If outside corporate limits, write RURAL and give township) Florissant	
c. LENGTH OF STAY (in this place) 4 hrs		d. STREET ADDRESS (If rural, give location) 9 St. Martha's Ct.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 St. Martha's Ct.		d. STREET ADDRESS (If rural, give location) 9 St. Martha's Ct.	
3. NAME OF DECEASED (Type or Print) a. (First) Mayme b. (Middle) A. c. (Last) Seth		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 7, 1880
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Belleville, Illinois/
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Mayer	
13b. MOTHER'S MAIDEN NAME Mary Procasky		14. NAME OF HUSBAND OR WIFE George Seth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Marian McClellan Florissant, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		420.1	
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)	
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 2-25, 1948 to 1-9, 1950 , that I last saw the deceased alive on 1-9, 1950 and that death occurred at 5:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. D. Ferguson M.D.		23b. ADDRESS Ferguson, Mo.	
23c. DATE SIGNED 1-10-1950		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 1/12/50		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery Florissant, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home Ferguson, Mo	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Herbert S. Wankel, M.D.	
26. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home Ferguson, Mo		ADDRESS	

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

(Licensed Emballer'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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3943

P. O. Address Herriman, Utah

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.