

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6978

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **640**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>4 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>728 De. Mun, Av.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>728 De. Mun Av.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 50</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) _____ c. (Last) <u>Seymour</u>			5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 10 1858</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. S. Wells</u> ADDRESS <u>2003 W Six Mile Rd. Detroit MI</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial Infarction</u>		DUE TO (b) <u>Coronary Thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>				<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1935 to Mar 9 1950; that I last saw the deceased alive on Mar 7 1950, and that death occurred at 5 a. m., from the cause and on the date stated above.

23a. SIGNATURE <u>David E. Vosts MD</u>		23b. ADDRESS <u>3735 Kingshighway</u>		23c. DATE SIGNED <u>3/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Froidens Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart & Goodhart</u>		ADDRESS <u>2228 St. Louis Av.</u>	

DATE REC'D BY LOCAL REG. MAR 11 1950 REGISTRAR'S SIGNATURE Robert S. Plonkeff (Licensed Embalmer) Statement on Reverse Side

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

490

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 Me

working under my personal supervision.

Student Embalmer No.

Signed Guy W. Wilkinson

Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo.

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.