

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

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19895**
4716

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5753 Maffitt Avenue		d. STREET ADDRESS (If rural, give location) 5753 Maffitt		
3. NAME OF DECEASED (Type or Print) Gustave		a. (First) A.	b. (Middle)	c. (Last) Segerman
4. DATE OF DEATH (Month) (Day) (Year) 5 - 8 - 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11 - 28 - 1880	9. AGE (In years; last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		11. BIRTHPLACE (City and State or Foreign Country) Sweden 4
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Andrew Segerman		13b. MOTHER'S MAIDEN NAME Charlotte Falk	14. NAME OF HUSBAND OR WIFE Ada M. Segerman	
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. 488-03-2326	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada M. Segerman, 5753 Maffitt	
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) Cerebral Neurosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X		
22. I hereby certify that I attended the deceased from 4-30 , 19 51 , to 5-8 , 19 53 ; that I last saw the deceased alive on 5-7 , 19 53 , and that death occurred at 3 ^a m., from the causes and on the date stated above.				
23a. SIGNATURE J. H. Huppert, M.D. (Degree or title)		23b. ADDRESS 730. Hadramouth		23c. DATE SIGNED 5/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/9/53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) St. Louis County	(State) Mo.
DATE REC'D BY LOCAL REG. MAY 9 1953	REGISTRAR'S SIGNATURE J. Earl Smith, Reg.	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd		

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hayden
703 Hoddlemont

T111 11AM

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 Warren A. Carver

Licensed Embalmer No. 5534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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