S. No. 300
v. 10-48

XC 2 231 062
R.# 111 205

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30698

State File No.

FILED AUG 25 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1863

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 25 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN: WELLSTON 14 [redacted]
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 6232 WAGNER,

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): R.
c. (Last): SEALS

4. DATE OF DEATH (Month) (Day) (Year): 7-1-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 8-18-95
9. AGE (In years last birthday): 57
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): MACHINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC COMPANY
11. BIRTHPLACE (City and State or Foreign Country): COLE CITY, ALABAMA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN SEALS
13b. MOTHER'S MAIDEN NAME: MARTHA SUSAN ALVERSON
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 497 03 8924
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tuberculosis of lungs, far advanced, bilateral, active — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES X NO

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6-53, 19__, *to* 7-1-53, 19__, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. A. ALLEN, (Degree or title) M.D.
23b. ADDRESS: VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-6-53
24c. NAME OF CEMETERY OR CREMATORY: Natl. Cem.
24d. LOCATION (City, town, or county) (State): Jeff.Brks, Mo

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Southern Funeral Home 6322 S. GRAND BLVD

(Licensed Embalmer's Statement on Reverse Side)

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 embaln

by me, or by ..... myself. ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed David Van Gorman

Licensed Embalmer No. 4342

P. O. Address 6322 So G

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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