S. No. 300
v. 10.48

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

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34034

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8712

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: 2269
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: 0
e. STREET ADDRESS (If rural, give location): 26 912 LaBeaume Str.

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle):
c. (Last): Sei

4. DATE OF DEATH (Month) (Day) (Year): 9-6-53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S 0
8. DATE OF BIRTH: May 17-14
9. AGE (In years last birthday): 39 — 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): Continal Can
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Anna Escuk
13b. MOTHER'S MAIDEN NAME: William Sei
14. NAME OF HUSBAND OR WIFE: S
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Anna Sei
ADDRESS: 912 LaBeaume Str

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Pleural hemorrhage 2. Fracture of ribs suffered when deceased was apparently struck and run over by automobile driven by unknown driver, exact time unknown, Sept. 6, 1953 in tract north of Carrie ave and Railroad tracks

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Homicide
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): See above
21c. (CITY, TOWN, OR TOWNSHIP): St. Louis (COUNTY): 00 (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): exact time unknown m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: See above

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:37 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward E. Taylor (Degree or title): Coroner
23b. ADDRESS: 1300 Clark Ave
23c. DATE SIGNED: 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/10/53
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State): St Louis County Mo.

DATE REC'D BY LOCAL REG.: SEP 8 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE: Central Funeral H.
ADDRESS: 1841 Cass ave

(Licensed Embalmer'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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Stavins

Licensed Embalmer No. 4108

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.