

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45560**

FILED JAN 26 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12025**

1. PLACE OF DEATH a. COUNTY <b>3</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> <b>ive St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Enroute City Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>21 2605 Olive St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b> b. (Middle) <b>H.</b> c. (Last) <b>Seawright</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 17 53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 21 1901</b>
9. AGE (In years last birthday) <b>52</b>		f. UNDER 1 YEAR Months	g. UNDER 1 WEEK Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Henry County Tenn.</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>J. d. Seawright</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Collins</b>		14. NAME OF HUSBAND OR WIFE <b>Unkown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NUMBER <b>411-10-9932</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C.C. Underwood</b>		ADDRESS <b>Paris Tenn.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Renal</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>3220</b>		22. I hereby certify that I attended the deceased from <b>18 19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>11:51</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Patricia Taylor Coroner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark St.</b>	
23c. DATE SIGNED <b>12 21 53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>12-20-53</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>Paris Tenn.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A.H. Hoppe</b> ADDRESS <b>4704 Washington Ave.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 21 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred J. Tanner*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.