

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6794

State File No. ....

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1022

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Lemay</u> <u>4870</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>N</u> c. (Last) <u>Sebastian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 26, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months   Days <u>          </u>   <u>          </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Sebastian</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Griffin</u>			
14. NAME OF HUSBAND OR WIFE <u>Sarah Sebastian</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-03-1488</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Sebastian</u>		ADDRESS <u>328 Forbes Lemay</u>					
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) <u>Acute Posterior Myocardial Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Hypertensive Cordis Vascula Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelonephritis</u> <u>Paralytic ileus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs. 40 min.</u>  <u>Several years</u>  <u>11</u>  <u>Since 1-21-54.</u>	
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? <u>4201</u>		22. I hereby certify that I attended the deceased from <u>1-21, 1954</u> , to <u>1/30, 1954</u> , that I last saw the deceased alive on <u>1-30, 1954</u> , and that death occurred at <u>9:55A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Albert H. Cason, M.D.</u>		23b. ADDRESS <u>3606 Groves</u>		23c. DATE SIGNED <u>2/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Lemay Missouri</u>		DATE REC'D BY LOCAL REG. <u>FEB 2 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>		ADDRESS <u>7420 Michigan</u>					

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 *W. G. Peterson*

Licensed Embalmer No. *370*

P. O. Address *7420 77*

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.