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FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44343**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2991**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN PINE LAWN	c. LENGTH OF STAY (in this place) 10 YRS	c. CITY OR TOWN PINE LAWN #151	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION #215 OAKWOOD		e. STREET ADDRESS (If rural, give location) #215 OAKWOOD	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First) A.	b. (Middle) SEYFARTH	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1954.
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-4-1897	9. AGE (In years last birthday) 57	If UNDER 1 YEAR Months 3 Days 23	If UNDER 1 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) ELECTRICIAN	10b. KIND OF BUSINESS OR INDUSTRY MAINTENANCE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME CARL SEYFARTH	13b. MOTHER'S MAIDEN NAME JOHANNA MIENEN	14. NAME OF HUSBAND OR WIFE FRIEDA SEYFARTH
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES (Yes, no, or unknown) NO	16. SOCIAL SECURITY # 488-09-8087	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frieda SeyfARTH	ADDRESS 414 Wood
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN App 6 MONTHS 2 YRS. UNKNOWN
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CORONARY INSUFFICIENCY	
		DUE TO (c) CARDIAC ASTHMA	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		BRONCHIAL ASTHMA - Extensive	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 8** 19**54**, to **Dec. 20** 19**54**, that I last saw the deceased alive on **Dec 20** 19**54**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Barney W. Truesel, MD (Degree or title)	23b. ADDRESS 6508 W. Florissant St.	23c. DATE SIGNED 12/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/29/54	24c. NAME OF CEMETERY OR CREMATORY MT. LERANON CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO
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DATE REC'D BY LOCAL REG. 12-28-54	REGISTRAR'S SIGNATURE Hubert R. Dink...	25. FUNERAL DIRECTOR'S SIGNATURE L.B. Tanner	ADDRESS 6107 Bridge
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *11 Rome*

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.