

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3238**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 16 days		c. CITY OR TOWN Carsonville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hamilton Nursing Home		e. STREET ADDRESS (If rural, give location) 8706 Alva Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Fanchon			b. (Middle)			c. (Last) Seymour			4. DATE OF DEATH (Month) (Day) (Year) 3 - 29 - 1956		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, ^W WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11 - 28 - 1887		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Harry Boaz		13b. MOTHER'S MAIDEN NAME Augusta Hines		14. NAME OF HUSBAND OR WIFE Luther Seymour	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. milly DeVere		ADDRESS 5972 Kennerly Ave.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		Cerebral arteriosclerosis				6 weeks	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Cerebral Arteriosclerosis					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				332x	

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) 3-22-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3-29-56	
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22. I hereby certify that I attended the deceased from **Fall 1956**, to **3/29 1956**, that I last saw the deceased alive on **3/22 1956**, and that death occurred at **12:30 AM** from the causes and on the date stated above.

23a. SIGNATURE Frank J. Catanzaro		(Degree or title) M.D., M.D.		23b. ADDRESS 206 N. Clay - Kirkwood, Mo.		23c. DATE SIGNED 3/30/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/31/56		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. MAR 30 1956		REGISTRAR'S SIGNATURE J. G. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union Blvd.	
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mjb (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank Catanzaro
634 N. Grand
Fri. 2:30 -5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert R. Thompson*

Licensed Embalmer No. *42*

P. O. Address *H. J. ...*

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