

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27998

State File No. _____

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portage Des Sioux		c. LENGTH OF STAY (In this place) 7 1/2 hrs	c. CITY OR TOWN Baden
d. FULL NAME OF HOSPITAL OR INSTITUTION Portage Island		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 339-A Antelope		40801	

3. NAME OF DECEASED (Type or Print) a. (First) Peter	b. (Middle)	c. (Last) Seifert	4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 86 Months 27 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial fisherman	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Calhoun County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Katie Smith
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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. 494-10-5076	17. INFORMANT'S SIGNATURE OR NAME John C. Seifert, Baden, Mo.	ADDRESS Baden, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death Unknown Jury's verdict		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) Portage Island	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portage Township
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug. 26 1956 11 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Not Known-
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22. I hereby certify that I attended the deceased from held inquest, 19 8/27/56, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marie M. Massey, Coronar	23b. ADDRESS Wentzville, Mo. Rte. 22	23c. DATE SIGNED 22, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.
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DATE REC'D BY LOCAL REG. Aug 31 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Baden, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

366

SEP 6
1956

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 *[Signature]*.....

Licensed Embalmer No. *485*.....

P. O. Address *St. Charles*.....

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.

