

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

36175

STATE FILE NUMBER

9472

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9472**

1. PLACE OF DEATH a. COUNTY Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS, MISSOURI TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.			Length of stay in 1b 2 1/8	d. STREET ADDRESS 3212 Chouteau	
3. NAME OF DECEASED (Type or print) First WILFRED Middle HENRY Last SEDDENS			4. DATE OF DEATH OCT. 15, 1956 Month OCT. Day 15 Year 1956		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 75 Days 75 Hours 75 Min. 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Door-msn		10b. KIND OF BUSINESS OR INDUSTRY York Hotel	11. BIRTHPLACE (City and state or country) Selena, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wilford Seddens			14. MOTHER'S MAIDEN NAME Ammons		
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. 491-14-5274	17. INFORMANT Alline Seddens Address 3212 Chouteau Av.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca. of left Colon, Renal Failure					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c) 153x
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 12:15 Month 10 Day 15 Year 1956 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 9/17/56 to 10/15/56 and last saw her/him alive on 10/15/56 . Death occurred at 12:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE promy (Dee or title)			22b. ADDRESS 1515 LAFAYETTE ave.		22c. DATE SIGNED 10/15/56
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct. 17/56	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County	
24. FUNERAL DIRECTOR ADDRESS Russell Und. Co. 2732 Pine St.		25. DATE RECD. BY LOCAL REG. OCT 17 1956	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
James A. Cart

Licensed Embalmer No. *4*

P. O. Address *J. P. San*

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.