

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042233
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10001

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 21 Missouri ⁴⁰⁰⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 2 Weeks	d. STREET ADDRESS (If outside, give location) 1563 Old Florissant Rd. ²⁷
3. NAME OF DECEASED (Type or print) First Middle Last Jay Lawrence Seat			4. DATE OF DEATH Month Day Year 10-17-58
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White <input type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-29-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Sales	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Alonzo		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth	14. NAME OF HUSBAND OR WIFE Alta M. Benjamin Seat
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Alta Seat 1563 Old Florissant Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis & Myocardial Infarction</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>7 yrs</u>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>9:25</u> to <u>10/17/58</u> and last saw him alive on <u>10/17/58</u> Death occurred at <u>3:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur E. Strantz</u>		22b. ADDRESS <u>539 N. Grand</u>	22c. DATE SIGNED <u>10/20/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-20-58	23c. NAME OF CEMETERY OR CREMATORY Cavehill Cemetery	23d. LOCATION (City, town, or county) (State) Louisville, Kentucky
24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. OCT 20 '58	26. REGISTRAR'S SIGNATURE <u>Earl Smith MO</u> <u>my B.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Herbert J. Cox Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Highwood 22*

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.