

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034313

FILED VS SEP 29 1959

2 8456

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 520 Chestnut St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last HENRY SEDLAK			4. DATE OF DEATH Month Day Year 9/13/59
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/1909
9. AGE (last birthday) 50 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10b. KIND OF BUSINESS OR INDUSTRY Merchant Marine	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Martin Sedlak	
13b. MOTHER'S MAIDEN NAME Caroline Rochereck		14. NAME OF HUSBAND OR WIFE	
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. -----	17. INFORMANT Josephine Boyd 2238 Indiana Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural hemorrhage, suffered in fall to sidewalk in front of about 112 S. 4th St. on about Sept. 5, 1959. Accident</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise above cause (a), stating the underlying cause last. DUE TO (b) <i>to sidewalk in front of about 112 S. 4th St. on about Sept. 5, 1959. Accident</i>			
DUE TO (c) <i>St. on about Sept. 5, 1959. Accident</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <i>fall to sidewalk</i>
20c. TIME OF INJURY Hour a.m. p.m. <i>9-5-59</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>254 sidewalk</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis, Missouri</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>3:00 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED <i>9-14-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>9/14/59</i>	23c. NAME OF CEMETERY OR CREMATORY St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. <i>SEP 14 '59</i>	26. REGISTRAR'S SIGNATURE <i>Head Smith, M.D.</i> <i>m. G. B.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed E. J. Schmeier

NOT EMBALMED

Licensed Embalmer No. _____

P. O. Address 3125 Lafayette

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