

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023150

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6118

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Length of stay in 1b <i>2 DAYS</i>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BETHESDA HOSPITAL</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1440 GRAHAM</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>WILLIAM</i> Last <i>SENG</i>			4. DATE OF DEATH Month <i>6</i> Day <i>28</i> Year <i>1961</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-28-1888</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WIRE WEAVER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>WIRE CLOTH CO</i>	11. BIRTHPLACE (City and state or country) <i>LOUISVILLE, KY</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>GEORGE K. SENG</i>		13b. MOTHER'S MAIDEN NAME <i>FRANCES FAIS</i>		14. NAME OF HUSBAND OR WIFE <i>ELIZABETH SENG</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>MRS ELIZABETH SENG 1440 GRAHAM</i> Address	
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>Cerebral Thrombosis</i> DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>Generalized Atherosclerotic-Cardiovascular Repts.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>1 year</i> <i>7 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>				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 type="checkbox"/> NO <input checked="" 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 <i>—</i> a.m. <i>—</i> 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 <i>4-13-1955</i> and last saw him live on <i>6-28-61</i> Death occurred at <i>Bethesda Hosp 9:00 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>S. Erdlinghaus</i>			22b. ADDRESS <i>5203 Clippers</i>		22c. DATE SIGNED <i>5-29-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>ENTOMBMENT</i>	23b. DATE <i>7-3-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA MAUSOLEUM</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO.</i>	
24. FUNERAL DIRECTOR <i>HOWARD H. MICHEL 5930 SOUTHWEST</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 30 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis Mo

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.