

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022213

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5560**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 3 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 2 Mo - 5 days	c. CITY OR TOWN East St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 326 N. 81st St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Samuel Seifert			4. DATE OF DEATH Month Day Year May 25 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-13-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Ass't Trainmaster		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) DE SOTO MO.
12. CITIZEN OF WHAT COUNTRY USA		13. MOTHER'S MAIDEN NAME GRACE MEDLEY	
13a. FATHER'S NAME William Seifert		14. NAME OF HUSBAND OR WIFE Vallre	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) yes W.W.II		16. SOCIAL SECURITY NO. 3	17. INFORMANT Wm. Seifert 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) CARCINOMA. BLADDER			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) _____			181.0
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 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 a.m. p.m. Month, Day, Year	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 March 20, 1963 to May 25, 1963 and last saw him alive on May 24, 1963 Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Mayka M.D.</i>		22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 35/ May 27
23a. BOARD OF CREMATION, REMOVAL (Specify)	23b. DATE 5 25 63	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) (State) SEFFERSON BARBERS MO
24. FUNERAL DIRECTOR Holton Funeral Home, East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. MAY 27 1963	26. REGISTRARS SIGNATURE <i>Loan Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 *Max Embalmer*, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. Dewey Patterson*
Signature of Licensed Embalmer

Licensed Embalmer No. 8629

P. O. Address _____

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.