

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26693

1. PLACE OF DEATH

County.....

Registration District No. 591

Township.....

Primary Registration District No. 1003

City *St. Louis* No. *City Hosp.*

File No.....

Registered No. 7884

St. Ward)

2. FULL NAME

(a) Residence, No. *1270* (Usual place of abode) *Ho. 9th St. 32d* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *19* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 19 - 1879*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*52 2 24*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

FATHER 13. NAME *John Sebeau*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER 15. MAIDEN NAME *Mary Churrow*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cem.* DATE *7-16* 1921

19. UNDERTAKER (ADDRESS) *McLaughlin 1631*

20. FILED *27 1921* *Max C. Stankov* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13th 1931*

22. I HEREBY CERTIFY That I attended deceased from *July 3rd 1931* to *July 13th 1931*  
I last saw him alive on *July 13th 1931*. Death is said to have occurred on the date stated above, at *10* <sup>*45*</sup> *p.* m.

The principal cause of death and related causes of importance were as follows:

*WPA*  
*The Meningitis Tuberculosis of the Meninges*

Other contributory causes of importance:

*chr. alcoholism*

Name of operator..... Date of.....

Who first confirmed diagnosis *Clint S. S.* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where and injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *J. P. Richman* M. D.

(Address) *City Hospital*

B. Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Jellicoe