N. B.—Every item of information should be carefully 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.

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

Do not use this space.
24149

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6234

City St Louis (No. 6738 Hoffman St. ..... Ward)

2. FULL NAME Zulah P Sewing

(a) Residence, No. 6738 Hoffman St., ~~..... Ward~~ 3
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Anthony J. Sewing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1887

7. AGE YEARS 45 MONTHS 5 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) June 30

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N. Y.

FATHER

13. NAME Geo W. Richardson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Henrietta Paring ton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Anthony J Sewing 6738 Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Cox Redeemer DATE July 6 32

19. UNDERTAKER (ADDRESS) Henry L Weidenmuller 6203 Gravois Ave

20. FILED JUL -6 1932 19 May C Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to July 4, 1932

I last saw him alive on July 4, 1932. Death is said to have occurred on the date stated above, at 2 40 am.

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

Cancer Liver — Date of onset 1925

46E

94B 46E ①

Other contributory causes of importance:

Coronary embolism

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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 did 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? No

If so, specify .....

(Signed) P B Cuppel, M. D.

(Address) 3539 Pontiac Ave