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

Do not use this space.

24959

File No.

Registered No. 7151

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Wallace Seats

(a) Residence, No. 2122 Carr St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Seats

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	15	7	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter 245

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) Ibryn 2

FATHER

13. NAME John Seats

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

MOTHER

15. MAIDEN NAME Hannah Ward

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

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickmann DATE Aug 3 1932

19. UNDERTAKER (ADDRESS) Boyle Undertaker Co 4209 Easton Av

20. FILED AUG -3 1932 19 Rhoda Fischer Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29- 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1932, to 7-29- 1932,

I last saw him alive on 7-29 1932, Death is said to have occurred on the date stated above, at 1 a.m.

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

	Date of onset
56C	
56E	
Acute Rheumatic Fever	
TB	

Other contributory causes of importance:

Pancarditis (Acute Rheumatic) (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

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? .....

If so, specify .....

(Signed) Geo Smith M. D.

(Address) City 4209 W Easton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD