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

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.

File No. 18137

Registered No. 4343

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

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

#1241

2. FULL NAME Susie Seabaugh

(a) Residence, No. 1241 Walton St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26th 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	11	21	

OCCUPATION

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

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) Bollinger Co. Missouri

FATHER

13. NAME John Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

MOTHER

15. MAIDEN NAME Almedia Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Intersville Mo DATE May 19 1933

19. UNDERTAKER (ADDRESS) Geo. E. Mahler 4725 St Louis av

20. FILED [illegible] 19[illegible] J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24th 1933, to May 17th 1933

I last saw her alive on May 17th 1933. Death is said to have occurred on the date stated above, at 10.05 a.m.

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

	Date of onset
93 C	
Arteriosclerotic Heart Dis. (Chr. Myocarditis)	
9 E B	
Pyelo. Cystitis	
133 A	

Other contributory causes of importance: 93 C

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

What test confirmed diagnosis? Clin 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) J. Coleman, M. D.

(Address) City Hospital