

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.

JAN 13 1936

791

41152

1. PLACE OF DEATH

County Registration District No. **1008**
 Township Primary Registration District No.
 City St. Louis (No. Jewish Hospital) St. Ward)

File No.
 Registered No. **10360**
 St. Ward)

2. FULL NAME

Barbara Seaman

(a) Residence, No. 275 N. Union St., 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>3</u>	<u>20</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

13. NAME Meyer Wyman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT E. J. Marx (ADDRESS) 275 N. Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE 12-9, 1935

19. UNDERTAKER H. Binkhoff (ADDRESS) 5216 Delmar

20. FILED DEC - 9 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 to Dec 7, 1935.
 I last saw her alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Prono pneumonia 72 hrs
93C
 Other contributory causes of importance:
arterio sclerosis
myocarditis chronic years

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? No
 If so, specify Shelbyville, M. D.
 (Signed) 4500 Plane
 (Address)

