

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **4348a Lindell Bl.**)

File No.

Registered No. **9160**

St. Ward)

2. FULL NAME **Charles P. Seymour**

(a) Residence, No. **4348 a Lindell Bl.** St. **19** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 **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 **Anzelee Seymour**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 21, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 11

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

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) **England**

13. NAME **George P. Seymour**

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

15. MAIDEN NAME **Jane Monk**

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

17. INFORMANT **Fred Seymour**
(ADDRESS) **4348a Lindell Bl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Sept. 5, 1936**

19. UNDERTAKER **John L. ...**
(ADDRESS) **2707 N. Grand Blvd.**

20. FILED **SEP 4 1936** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10, 1935** to **Sept. 2, 1936**

I last saw him alive on **Sept 2, 1936** Death is said to have occurred on the date stated above, at **9:30 p.m.**

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

acute cardiac dilatation

Date of onset **Sept 2, 1936**

Other contributory causes of importance:

arterio sclerosis

chronic myocarditis chronic glomerulonephritis

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?..... **no**..... 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) **Journer Alvin Neundorfer**, M. D.

(Address) **634 ...**

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

OCT 2

1936

