NOV 4 1936

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

Do not use this space. 39788

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 10844

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

2. FULL NAME Anne Carter Wickham Seddon Seddon

(a) Residence, No. Graham & Airport Rd St., NR Ward. St Louis County Mo.
(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: 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 James A. Seddon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29th 1867

7. AGE: YEARS 69 MONTHS 8 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME John Wickham
14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Fannie Graham
16. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) D. C

17. INFORMANT Mrs Bruce Seddon (ADDRESS) Brown & Airport Rd St Louis Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct 30th 1936

19. UNDERTAKER Wagoner Undertaking Co (ADDRESS) 3621 Olive St

20. FILED OCT 29 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1936, to 10-28, 1936

I last saw her alive on 10-28, 1936. Death is said to have occurred on the date stated above, at 1:05 p.m.

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

	Date of onset
LYMPHOSARCOMA OF RT. THIGH	JAN. 1935
5 3 E	

Other contributory causes of importance:

Name of operation EXCISION OF TUMOR OF THIGH Date of 9-7-35

What test confirmed diagnosis? BIOPSY Was there an autopsy? YES

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) Frank McDowell, M. D.

(Address) B. [illegible] HOSPITAL

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.

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