

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

Do not use this space.

FEB 28 1937

1. PLACE OF DEATH

90 County St. Louis
Township Carondelet
City Rock Hill (No. Rock Hosp. 1)

Registration District No. 1123
Primary Registration District No. 6248B

File No. 4430
Registered No. 28

2. FULL NAME

(a) Residence, No. 4416 1/2 Aldine St. 1 Ward. 1
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 4 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deerman 245

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

10. Date deceased last worked at this occupation (month and year) Jan 7, 1937 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

13. NAME Chas Seuree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 3

15. MAIDEN NAME Lettie Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 9

17. INFORMANT (ADDRESS) Rock Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Jan 23 1937

19. UNDERTAKER (ADDRESS) Chas J. Gates 4107 Finney Ave

20. FILED Jan 21 1937 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/11/36, 1936, to 1/19/37, 1937

I last saw him alive on 1/19/37, 1937. Death is said to have occurred on the date stated above, at 5:55 P.m.

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

Pneumonia Tuberculosis Date of onset 1929

Other contributory causes of importance Disseminated Tuberculosis prior to 1929

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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 _____, 1937

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) Paul Murphy, M. D.
(Address) Rock Hosp

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.

