

MAY 26 1938 REC'D JUN 7 1938

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

19602
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township St. Ferdinand Primary Registration District No. 200
(c) City..... (d) Street No. Brown & Airport Rds. Registered No. 917
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James A. Seddon, 910

(a) Residence, No. Brown & Airport Roads St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anne C. W. Seddon,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as 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) Richmond (STATE OR COUNTRY) Virginia

FATHER 13. NAME James Alexander Seddon,

14. BIRTHPLACE (CITY OR TOWN) Fredricksburg, (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Sally Bruce

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

17. INFORMANT Bruce Seddon, (ADDRESS) Brown & Airport Rds.

18. BURIAL, CREMATION OR REBURIAL PLACE Bellefontaine DATE May 27, 38

19. FUNERAL DIRECTOR Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.

20. FILED MAY 26 1938 D. R. Meyer M.D. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938

22. I HEREBY CERTIFY, that I attended deceased from May 5, 1937, to May 25, 1938. I last saw him alive on February 24, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Atherosclerotic heart disease Date of onset May '37
1537

Other contributory causes of importance:
Atherosclerosis, generalized
family

B.P., N.P.N. Date of.....
What test confirmed diagnosis? Gen. phy. ex. 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) D. T. Holden M. D.
(Address) 372 E. Washington Ave. St. Louis, Mo.

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.

Mr. Raymond Holden
3720 Washington

25646

STATEMENT BY LICENSED EMBALMER

I, Walter King, Licensed Embalmer No. 3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Walter King
Licensed Embalmer No. 3563

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)