

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

166
 Do not use this space.

791
1003

 Registered No. 166

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis (d) Street No. Homer Phillips Hospital St.
 (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 420 Celia Mae Seals

(a) Residence, No. 2947 Easton St. 21 (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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1938			
7. AGE	YEARS	MONTHS	DAYS
		3	2
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil		
	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) St. Louis (STATE OR COUNTRY) Missouri			
FATHER	13. NAME Roosevelt Seals		
	14. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME Ruth Clay		
	16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)		
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park Cntry</u> DATE <u>Jan. 5</u> 19 <u>39</u>			
19. FUNERAL DIRECTOR (NAME) <u>Ellis Funeral Home</u> (ADDRESS) <u>2820 Stoddard St.</u>			
20. FILED JAN 5 1939 <u>J. D. Braddock</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 4** 19 **39**
 22. I HEREBY CERTIFY, That I attended deceased from **Dec. 14**, 1938, to **Jan. 4**, 1939
 I last saw her alive on **Jan. 4**, 1939. Death is said to have occurred on the date stated above, at **5:50a** m.
 The principal cause of death and related causes of importance were as follows:

Status Lymphaticus

 Date of onset **12/14/38**
63

 Other contributory causes of importance:
Rickets

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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?.....
 If so, specify **no**
 (Signed) W. B. Smith, M. D.
 (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by L. Boy

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lomnis Boykin

Licensed Embalmer No.

2946

P. O. Address

St Louis 9 Mo

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.)

If this body is not embalmed, above space should be left blank.