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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19786  
State File No. \_\_\_\_\_  
Registrar's No. **4598**

Registration District No. **791** Primary Registration District No. **1003**

FILED JUL 21 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 hrs. 30 mins.  
(Specify whether years, months or days)

In this community 30 years

**3. (a) PRINT FULL NAME** Cecilia Seabaugh

3. (b) If veteran, name war \*\*\*\* 3. (c) Social Security No. \*\*\*\*

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife FRANK 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 30, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>0</u>	hr. min.

9. Birthplace Bollinger County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housework at home

11. Industry or business \_\_\_\_\_

12. Name Henry Hartle

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Bollinger

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Landon

(b) Address 712 O'Fallon Street Apt. B.

17. (a) burial (b) Date thereof June 2, 1941  
(Burial, cremation, or re-anoval) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUN 2 1941 (b) J. T. Bruch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2317

(d) Street No. 1726 Mississippi Avenue  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30, year 1941 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from May 29, 1941 to May 30, 1941; that I last saw h er alive on May 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterine cervix

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Heart Hypertrophy  
(Include pregnancy within 3 months of death)  
Pulmonary edema

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy as above

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ( )

23. Signature R. J. Maxwell (M. D. or other) 5/31/41

Address 1515 Lafayette Ave. Date signed \_\_\_\_\_

**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.....

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

working under my personal supervision.

Signed

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

**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, fact should be so stated above.**