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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 19 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5257 Westminister Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5257 Westminister Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Francis Dwight Seward
3. (b) If veteran, name war. No
3. (c) Social Security No. 488-18-7073

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marion Seward
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 17 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>17</u> hr. min.

9. Birthplace Rosamond Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Candy Manufacturer

11. Industry or business.....

12. Name Maurice Dwight Seward

13. Birthplace New Hackinsack N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Marvin

15. Birthplace Fisk Kill N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Dwight Seward, Jr.
(b) Address 5257 Westminister Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 6 43
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Undertaking Company, 3621 Olive St
(b) Address

19. (a) JAN 6 1943 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1943 hour 6 P minute..... M.
21. I hereby certify that I attended the deceased from 1930 to death, 19.....
that I last saw him alive on Jan 4 1943, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis, Chr
Due to Arteriosclerosis
Due to Diabete Mellitus
Other conditions Combined Atherosclerosis of
spinal cord (paralysis)

Major findings:
Of operations.....
Of autopsy none

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 W. O. Olmsted (M. D. or other)
Address 3720 Washington St Date signed 1/5/43

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

Neville D. Frohwitter

Licensed Embalmer No 3696

P. O. Address 3621 Olive St.

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.