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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 9 1943 318 1003

State File No. 8780

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3042

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

1. PLACE OF DEATH:

(a) County .....

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 19

(a) State Mo. (b) County .....

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

(d) Street No. 26 N. Spring
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Seavers

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September (Month) 17 (Day) 1866 (Year)

8. AGE: Years 76 Months 6 Days ~~22~~ 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Sherby
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jane Hill
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Orrin Shelby
(b) Address 6411 Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28, year 1943 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from March 8, 1943 to March 28, 1943 that I last saw her alive on March 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Abscess - Cause not known

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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? .....
(Specify type of place)

While at work? ..... Means of injury .....

23. Signature Reese C. Coleman Jr. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 3/29/43

(Licensed Embalmer's Statement on Reverse Side)

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 George N. Archambault, Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.