257
V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 969

Registrar's No. 443

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 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. 309 Lafayette Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louise E. Seaman

3. (b) If veteran, name war No

3. (c) Social Security No. 490-26-0064

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. (Month) 19, (Day) 1884 (Year)

8. AGE: Years ~~58~~ 59 Months ~~3~~ 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George M. Tolin
13. Birthplace Illinois (City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph Seaman
(b) Address 309 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo Ill.

18. (a) Signature of funeral director Wm C Moydell
(b) Address 1926 Allen Ave.

19. (a) JAN 15 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1944 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Jan. 10, 1944, 19 , to Jan. 14, 1944, 19 ; that I last saw her alive on Jan. 14, 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death gastric hemorrhage

Due to

Due to

Other conditions cirrhosis of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo J. Wade (M.D. or other)

Address 1515 Lafayette Avenue Date signed 1/14/55

(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 me

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

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.