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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

State File No. 913

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 610

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos 11 das (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. 4235 Enright
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Felix Seay

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Billy

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 31 (Day) 1892 (Year)

8. AGE: Years 53 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Little Rock, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business --

FATHER
12. Name Clark Seay
13. Birthplace Little Rock, Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Subeet
15. Birthplace Little Rock, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Alberta Seay
(b) Address 4061 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JAN 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1946 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 11-5, 1945, to 1-16-, 1946; that I last saw him alive on 1-16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Paresis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 H. J. Ehrenin (M. D. or other)
Address 2601 N Whitney Date signed 1/18

(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

Chas. J. Gates Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney 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.