

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

318

(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. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

1002

(a) State Missouri. (b) County St. Louis
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. 7030 Pershing Avenue. N.R.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph David Sewell.

3. (b) If veteran, name war none. 3. (c) Social Security No. No.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mary Slater Sewell. 6. (c) Age of husband or wife if alive 56. years

7. Birth date of deceased May 13, 1883.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63. 1. 17. hr. min.

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

10. Usual occupation Salesman..

11. Industry or business Shapleigh Hardware Co.,

12. Name (Unknown) Sewell.

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

14. Maiden name Mary Anna Hampton.

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

16. (a) Informant Mrs J. D. Sewell.

(b) Address 7030 Pershing Avenue,

17. (a) Removal.. (b) Date thereof 7/2/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.,

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.,

19. (a) JUL 1 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th,
year 1946. hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from 4:30 P.M. 6-30, 1946 to 6:10 A.M. 6-30-1946.
that I last saw him alive on 6-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.

Due to Arterio Sclerosis

Due to Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/11

Of autopsy

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? Yes (Specify type of place) Means of injury

23. Signature Chas. H. Peters (M. D. or other)
Address Numboldt Bldg Date signed 7-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

21064

AUG 1 1948

Dr. Carl J. Reiss.
Humboldt Building.
Hrs: - 11 - 2.
JE: 1800.

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 *Raymond L. Morris*

Licensed Embalmer No. *4330*

P. O. Address *Maplewood, Mo*

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.