

FILED NOV 7 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **9048**

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:
2925 Bell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years years, months or days)

3. (a) PRINT FULL NAME SUSIE SEALS

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

3. (c) Social Security No. 490-26-5172

4. Sex Female **5. Color or race** C

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

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

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

7. Birth date of deceased Nov. 27 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Maid Robinson

11. Industry or business Scruggs Vandervoort Barney

MOTHER FATHER

12. Name Ben Summers

13. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Marinda Robinson

15. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant James Seals

(b) Address 2925 Bell Ave.

17. (a) Burial (b) Date thereof _____ (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) OCT 22 1946 (Date received local registrar)

J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 620

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21/17

(d) Street No. 2925 Bell Ave. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 1st 1946 to Oct 20th 1946
that I last saw her alive on Oct 20th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fibroid Tumor (uterus) 8 mos.

Due to _____

Due to _____

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

PHYSICIAN

Duration _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature A. LeRoy Nabbs (M. D. or other) 0

Address 1422 N. Taylor Ave. **Date signed** 10/20/46

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.....

.....**Thomas J. Gates**....., Registered Apprentice No.....
working under my personal supervision.

Signed..........

Licensed Embalmer No. **4259**.....

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.