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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6233 West 41928
State File No.

Registration District No. 30 Primary Registration District No. 2062 Registrar's No. 3450

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town University City
(c) Name of hospital or institution: 761 Harvard Ave
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St Louis
(c) City or town University City
(d) Street No. 761 Harvard Ave
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Mayo D. Seale
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 6
year 1946 hour _____ minute 5:30 a.m.
21. I hereby certify that I attended the deceased from Dec 5 1946 to Dec 6 1946
that I last saw him alive on Dec 6 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Eugene H. Seale (c) Age of husband or wife if alive 69 years

Immediate cause of death Coronary thrombosis
Due to acute myocardial infarction
Due to 940
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

7. Birth date of deceased: May 31 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Webster Groves MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. J. Doll

13. Birthplace unknown

14. Maiden name Louise Buegge

15. Birthplace unknown

16. (a) Informant Eugene H. Seale
(b) Address 761 Harvard Ave

17. (a) Burial (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director William H. Buffum
(b) Address Berkwood Park

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: F. R. Johnson (M. D. or other) _____
Address 539 N Grand St Louis 3 Date signed 12/6/46

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

DEC 13 1945

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: *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address: *Richmond Heights*

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.