V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7471

Registration District No. 3/7

Primary Registration District No. 6076 3

Registrar's No. 538

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
~~DePaul Hospital~~ 1290 Delaware
(If not in hospital or institution, write street number or location) Wellston, Mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1290 Delaware N.B. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN BERNARD SEWALD

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Veronica

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 5 (Day) 1874 (Year)

8. AGE: Years 73 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Plattin (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Cabinet Maker

11. Industry or business Superior Ref. Co.

FATHER
12. Name Andrew Sewald
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Oberle
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Veronica Sewald
(b) Address 1290 Delaware

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 12 (Day) 47 (Year)
(c) Place: burial or cremation New SS Peter&Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 1 1947 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1947 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 12, 1946 to Mar. 9, 1947 that I last saw him alive on March 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	5 mos.
Due to: Hypertension & arteriosclerosis ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83 B.

Major findings:
Of operations: none
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 0

23. Signature Alexander J. Kotkes (M. D. or other)
Address 462 N. Taylor Date signed 3/10/47

(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.....

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

working under my personal supervision.

Signed. Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.