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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19352

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 715

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
1015 N. 7th
(If not in hospital or institution, write street number or location)
(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 000
(c) City or town St. Louis 2517
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 N 7th St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIE D. SEATS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTY SEATS
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased MAR (Month) 21 (Day) 1903 (Year)
8. AGE: Years 44 Months 1 Days 14 If less than one day hr. min.
9. Birthplace (City, town, or county) TENN (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
FATHER
12. Name JOHN SEATS
13. Birthplace (City, town, or county) TENN (State or foreign country)
MOTHER
14. Maiden name MALISSA ?
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant BETTY SEATS
(b) Address 1015 N 7th ST
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wingo, Kentucky
18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave.
19. (a) MAY (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1947 hour minute 10 A M.
21. I hereby certify that I attended the deceased from March 15 1947, to March 25, 1947
that I last saw him alive on March 25, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	1 mo
Due to Chr Nephritis. Hypertrophy of Heart Chronic	
Due to albuminuria	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Vincent J. Mueller (M. D. or other) 1010
Address 3524 Franklin Date signed May 8 '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. Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ue

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.