No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29505

Registrar's No. 7493

WRITE PLAINLY—USING 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: DECONESS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County

(c) City or town OKAWVILLE (If outside city or town limits, write "RURAL") 11

(d) Street No. N.R. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME BEATRICE SEAGO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ JOHN SEAGO

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept (Month) 14 (Day) 1900 (Year)

8. AGE: Years 46 Months 11 Days 22 If less than one day hr. min.

9. Birthplace GRAVES Co (City, town, or county) Ky (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

FATHER
12. Name JOHN W STYERS
13. Birthplace GRAVES Co (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name MARY WOOD
15. Birthplace GRAVES Co (City, town, or county) Ky (State or foreign country)

16. (a) Informant MR JOHN SEAGO

(b) Address OKAWVILLE, ILL

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation OKAWVILLE ILL

18. (a) Signature of funeral director ROWLAND FUNERAL SER

(b) Address 4355 WASHINGTON AV

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 6 year 1947 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 1944, 19, to Aug 6 1947 that I last saw him alive on Aug 6 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death URAEMIA	10 days
Due to Chronic nephritis	3 years
Due to	
Other conditions gnelony anaemia (Include pregnancy within 3 months of death) BTI Stress	3 years 3 years

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 4501a Manchester Date signed 8-8-47

Jefferson City Printing Co.

(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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St Louis 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.