No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947
Registration District No. 347

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43690
Primary Registration District No. 3068
Registrar's No. 2721

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~ Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1week (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oao
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2923 Ellendale Ave. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Nellie May Seymour
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 Widowed
6. (b) Name of husband or wife Robert W.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 5 (Day) 1861 (Year)

8. AGE: Years 85 | Months 4 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Mulberry Grove Ill. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business .....
FATHER
12. Name Frederick Jones
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Huntsinger
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ruth N. McCoy
(b) Address 2923 Ellendale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 12-30-47 (Date received local registrar) (b) Cecil A. Sharp MS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1947 hour 5:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1 week, 19..., to ....., 19..., that I last saw her alive on Dec. 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Due to Hypostatic Pneumonia, unk.
Due to Infirmities of age
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ..... 111 b
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)
While at work? ..... (e) Means of injury 0

23. Signature Theo. F. Friel (M. D. or other)
Address 7465 Hazel Maplewood, Mo. Date signed 12/28/47

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 H P Burgess

Licensed Embalmer No. 4029

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.