

FILED FEB 28 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7028

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1507**

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 55 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Florissant 10
(If outside city or town limits, write "RURAL")
(d) Street No. 9 St. Martha's Ct. 0
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Seth

3. (b) If veteran, name war --- (c) Social Security No. 497-07-9339

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme Seth (Mayer) 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 2 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 10
hr. min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Moulder

11. Industry or business Fulton Iron Works

12. Name George Seth 4

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Brown

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Seth

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof 2/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sacred Heart Cemetery

18. (a) Signatory of funeral director: White Funeral Home

(b) Address Florissant, Mo.

19. (a) FEB 13 1948 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12/7- 1948 to 2/12- 1948
that I last saw him alive on 2/12 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestine 3 1/2 yrs.
Duration

Due to.....
Due to.....

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?

While at work (Specify type of place) (d) Means of injury.....

23. Signature Charles B. Smith (M.D. or other) M.D.
Address 220-21-44 Date signed 2/12/48

51-Rous-2-2nd

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

MOTHER FATHER

ml

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..... *L. M. Shute*

Licensed Embalmer No. *3973*

P. O. Address..... *Jerguson, Inc*

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.