2
7
39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 20579
Registrar's No. 180

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BONNE TERRE HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. FRANCOIS
(c) City or town RURAL 94
(If outside city or town limits, write "RURAL")
(d) ~~Street~~ No. ELVINS, R.R. #1 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country — 0

3. (a) PRINT FULL NAME EVERETT LEE SEDGEWICK
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex MALE 0
5. Color or race WHITE
6. (a) ~~Single, widowed, married~~ divorced DIVORCED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MAY (Month) 30 (Day) 1898 (Year)

8. AGE: Years 50 | Months 0 | Days 4 | If less than one day — hr. — min.

9. Birthplace WASHINGTON County MISSOURI 0
(~~City, town~~, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name WILLIAM SEDGEWICK
13. Birthplace SELFTON ENGLAND 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CARRY HELMS
15. Birthplace UNKNOWN MISSOURI 0
(City, town, or county) (State or foreign country)
16. (a) Informant EUGENE SEDGEWICK
(b) Address 2822 Hadley St. Louis, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/6/48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LEADWOOD
18. (a) Signature of funeral director Bert L. Boyer
(b) Address LEADWOOD, MO.
19. (a) 6-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from —
—, 19..., to —, 19...;
that I last saw h— alive on —, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict due to any unavoidable accident,
Due to crushed chest
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) accident
(b) Date of occurrence June 4, 1948 94
(c) Where did injury occur? Leadwood, St. Francois, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road
(Specify type of place)
While at work? Mo (e) Means of injury crushed chest
23. Signature Berl J. Miller (~~M. D. or other~~) coroner
Address Farmington, Mo. Date signed 6/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Call with other M. Vehicle

RECEIVED

Local Health Officer No. 4

District File Number 648-78

Date Filed 6-15-7

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.