

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2773**

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **14 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **3743 Palm St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **3743 Palm St.**

3. NAME OF DECEASED
(Type or Print) a. (First) **Lee** b. (Middle) **H.** c. (Last) **Seymour**

4. DATE OF DEATH (Month) - (Day) (Year) **3-21-1950**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Feb. 26 1894**

9. AGE (In years last birthday) **56**

IF UNDER 1 YEAR Months _____ Days _____ **IF UNDER 48 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Special Agent**

10b. KIND OF BUSINESS OR INDUSTRY **B. of L. E. #327**

11. BIRTHPLACE (State or foreign country) **Ellisgrove Ill.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **George Seymour**

13b. MOTHER'S MAIDEN NAME **Unknown Humphrey**

14. NAME OF HUSBAND OR WIFE **Florence Seymour**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **W.W. # 1**

16. SOCIAL SECURITY NO. **702-18-8878**

17. INFORMANT'S SIGNATURE OR NAME **Florence Seymour** **ADDRESS** **3743 Palm St.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Neuroshage due to gunshot wound of right temple**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (b) **self inflicted in the home on March 21, 1950 exact**
DUE TO (c) **time unknown**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?
YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Suicide (K.M.I.)**

21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) **Suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 21 50 7 m.**

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR? **6976X**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE **Catharine E. Haupt** (Degree or title) **Registrar**

23b. ADDRESS **15010 Cedar St.**

23c. DATE SIGNED **3-23-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **3/24/50**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **MAR 23 1950**

REGISTRAR'S SIGNATURE **J. B. Hasler**

25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** **ADDRESS** **1905 Union Blvd.**

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

shelf

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert R. Thompson*

Licensed Embalmer No. *43037*

P. O. Address: *St. Louis*

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.