

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40715**
Registrar's No. **10342**

DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 18 4564 Swan Ave.	
3. NAME OF DECEASED (Type or Print) LAURA		4. DATE OF DEATH (Month) (Day) (Year) SEALS Nov. 8 1952	
5. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
6. COLOR OR RACE White		8. DATE OF BIRTH Feb. 17, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) Robertsville, Mo.	
13a. FATHER'S NAME Martin Pursley		13b. MOTHER'S MAIDEN NAME Martha Jane Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Grace Rossen		ADDRESS 9100 Argyle, Overland, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Generalized Atherosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4221			
22. I hereby certify that I attended the deceased from 20 Oct, 1952, to 2 Nov, 1952 , that I last saw the deceased alive on 8 Nov, 1952 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Bell		23b. ADDRESS 4501² Manchester	
23c. DATE SIGNED 10 Nov 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 12, 1952	
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. NOV 10 1952		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 4228 S. Kingshighway B1	

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

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 Edwin A. McNewatt

Licensed Embalmer No. 3024

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.