

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23155

FILED JUL 2 - 1953

State File No. 5944  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>5944</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6 3057 Marcus</b>				<b>206 9</b>			
3. NAME OF DECEASED (Type or Print) <b>Mable</b>			a. (First)		b. (Middle)		c. (Last) <b>Sewell</b>				
4. DATE OF DEATH <b>June 11 1953</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 7, 1888</b>		9. AGE (In years last birthday) <b>64</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Alabama</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Charlie Grayson</b>			13b. MOTHER'S MAIDEN NAME <b>Carrie Tate</b>			14. NAME OF HUSBAND OR WIFE <b>Will Sewell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Belle Wiley</b> ADDRESS <b>1521a O'Fallon</b>					
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) <b>Congestive Heart Failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4341</b>						
22. I hereby certify that I attended the deceased from <b>6-1</b> , 19 <b>53</b> , to <b>6-11</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>6-11</b> , 19 <b>53</b> , and that death occurred at <b>11:25am.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Edw G Williams</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2601 N Whittier St</b>				23c. DATE SIGNED <b>6-12-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/15/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
DATE RECD BY LOCAL _____		REGISTRAR'S SIGNATURE <b>Carl Smith</b>				FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Vance</b> ADDRESS <b>1221 N. Grand</b>					

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Christa E. Lewis*.....

Licensed Embalmer No. *48*.....

P. O. Address *122/7.7*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.