

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32193**  
**7663**

FILED SEP 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY			
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dea. Home Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>3632 Cass</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gibson</b> b. (Middle) c. (Last) <b>Sewell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 54</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Jan. 18-1910</b>		9. AGE (in years last birthday) <b>44</b>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Sterlington Ia.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Jones Sewell</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Stazzie Sewell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dennis Dixon 516 No Harrison</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pulmonary Oedema					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Arterio Sclerosis</b>					
		DUE TO (c) <b>Cardiac Hypertrophy</b>					
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		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? <b>411X</b>	

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 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph J. Quinn</b>		23b. ADDRESS <b>1300 Clever</b>		23c. DATE SIGNED <b>8/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>General</b>		24b. DATE <b>23 Aug 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Co Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reliable Funeral 1221 Taylor</b>			
DATE REC'D BY LOCAL REG. <b>AUG 19 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		3. P. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFAADING 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.....  
*Gepton Swan*

Licensed Embalmer No. 458

P. O. Address 1221 1/2

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.