

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1955

State File No. 28148
Registrar's No. 6871

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Fairmount City</u>	
c. LENGTH OF STAY (in this place) <u>6 WKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>817 RUTGERS ST.</u>		STREET ADDRESS (If rural, give location) <u>5509 DELMAR</u>	

3. NAME OF DECEASED (Type or Print) <u>Nellie</u>	a. (First)	b. (Middle)	c. (Last) <u>SEEDERS</u>	4. DATE OF DEATH <u>AUG 6 1955</u>	(Month) (Day) (Year)
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 9 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GLASCO ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WATSON SHARP</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA YOUNG</u>	14. NAME OF HUSBAND OR WIFE <u>BENNETT SEEDERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bennett Seeders</u>	ADDRESS <u>5509 Delmar Fairmount City</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Carcinoma -</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>General Infirmitie</u> rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>General Infirmitie</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Infirmitie</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no surgery</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-1-1955 to 8-6-1955, that I last saw the deceased alive on 8-6-1955, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward J. Overland M.D.</u>	(Degree or title)	23b. ADDRESS <u>Overland Mo.</u>	23c. DATE SIGNED <u>8-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville - Illinois</u>
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DATE REC'D BY LOCAL REG. <u>AUG 8 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nell Walsh Barnes</u>	ADDRESS <u>East St. Louis, Ill</u>
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(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 *Philip A. Gden*.....

Licensed Embalmer No...70..

P. O. Address *Rock Hill S.C.*.....

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.