

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23721

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 5102) Wabala Ave St. 7241 Ward)

**2. FULL NAME**

Robert Thomas Seymour  
 (a) Residence, No. 5102 Wabala Ave 6 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Seymour</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6, 1875</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>10</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Good Year Rubber Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1931</u>	
	11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Leo R. Seymour 5102 Wabala Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>July 2 1931</u>		
19. UNDERTAKER (ADDRESS) <u>D. Schumann 2619 S. Illinois St. St. Louis 30 1931</u>		
20. FILED <u>19</u> <u>Max C. Vardner</u> Registrar		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1930, to June 29, 1931  
 I last saw him alive on June 29, 1931. Death is said to have occurred on the date stated above, at 3:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Thermic Fever and Cardiac Failure 1919 A  
 Other contributory causes of importance:  
Chronic Valvular disease of heart of senility, General weakened condition  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Dr. John P. Murphy, M. D.  
 (Signed) 2619 S. Illinois St.  
 (Address) St. Louis 30

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Murphy!

2616 N. King St -

9 am and