

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

Do not use this space.

37888

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital)

File No. _____
Registered No. **10595**
St. _____ Ward _____

14555
2. FULL NAME Mary Sebastian
(a) Residence, No. 1430 No. 11th St. Ward. 215
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Everett Sebastian
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoblock Mo.

13. NAME Eli Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rachel Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE 12-2-32

19. UNDERTAKER (ADDRESS) John Neider Farmington Mo.

20. FILED NOV 30 1932 19 Nov 30 1932 Registrar Max C. [Signature]

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th, 1932
22. I HEREBY CERTIFY That I attended deceased from Nov. 25th, 1932 to Nov. 29th, 1932
I last saw her alive on Nov. 29th, 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 131
Arterio-sclerotic Heart Disease 95 19
Coronary Occlusion 94 0
Cerebral Thrombosis
Other contributory causes of importance: 131
Cardiac Infarction
Pulmonary Infarction
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? clin. Path. Was there an autopsy? Yes

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? No

If so, specify _____
(Signed) W. Colman, M. D.
(Address) City Hospital

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.

Sebastian