JUN 12 1935

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

Do not use this space.

17983

File No. 4303

Registered No.

1. PLACE OF DEATH St. Mary's Infirmary

County

Registration District No. 791

Township

Primary Registration District No. 1003

City Saint Louis (No. 1536 Papin Street, 35 Papin St. Ward)

2. FULL NAME David Seals

(a) Residence, No. 2323 Adams St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Georgia Seals

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coach Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O Railroad

10. Date deceased last worked at this occupation (month and year) Nov. 1954

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

FATHER

13. NAME Henry Seals

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

MOTHER

15. MAIDEN NAME Adeline Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mississippi

17. INFORMANT Mrs Georgia Seals
(ADDRESS) 424 South Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE May 15, 1935

19. UNDERTAKER Charles J. Batts
(ADDRESS) 4107 Finney Avenue

20. FILED MAY 13 1935 J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to May 9, 1935

I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 12:10 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Aortic Insufficiency	
Chr Myocarditis	

Other contributory causes of importance:
Recent attack of Erysipelas
Phlegmonous Cellulitis of neck
Cellulitis results of Erysipelas

Name of operation Incision & drainage Date of 4-30-35

What test confirmed diagnosis? 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

(Signed) R. W. White, M. D.

(Address) St. Mary's Infirmary

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.