

REC'D MAR 14 1938

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

5339

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo.  
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 791  
1003

Primary Registration District No.

Registered No. 1984(d) Street No. Firmin Desloge Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Seabourne Esther(a) Residence, No. NR Leadwood, Mo. St. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Seabourne6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th, 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 7 138. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) February 1938  
11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Missouri13. NAME Charles Robinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Louisa Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Alfred Robinson  
1004a South Newstead Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood, Mo. DATE February 26th 3819. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.  
429 N. Euclid Avenue20. FILED St. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 193822. I HEREBY CERTIFY, that I attended deceased from Feb 2 1938 to Feb 24 1938I last saw him/her alive on Feb 24 1938 Death is saidto have occurred on the date stated above, at 11:15 A.M.

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

Pneumonia, Bronchial  
Collapse of lung  
Delay in shock  
Date of onset 2/23/38

Other contributory causes of importance:

Hysterectomy ch. metritis  
chronic Pan. metritis  
ch. larynx, probably of certain benign  
grow old ch. larynx 15 yrs ago.  
Name of operation Hys terectomy Date of 2/7/38What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) John H. Black M. D.(Address) 1325 So Grand

FEB 24 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

*Robertson*  
*KP0988*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Robert G. Hopper*  
Licensed Embalmer No. *2971*

**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.)**