REC'D SEP 12 1938

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

27480
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 7494

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Sehon
(a) Residence, No. 6009 Maple Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1938

7. AGE: Years | Months | Days | If LESS than 1 day hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Curtis W. Sehon
14. BIRTHPLACE (CITY OR TOWN) Fort Worth (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Katherine Malone
16. BIRTHPLACE (CITY OR TOWN) Terre Haute (STATE OR COUNTRY) Indianna

17. INFORMANT Curtis W. Sehon
(ADDRESS) 6009 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Aug. 24, 1938

19. FUNERAL DIRECTOR Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED AUG 23 1938 J. P. Budde Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938, to Aug 23, 1938
I last saw her alive on Aug 23, 1938. Death is said to have occurred on the date stated above, at 4:50 A.M.
The principal cause of death and related causes of importance were as follows:

Diaphragmatic hernia, congenital — Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? yes 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?
If so, specify

(Signed) William Berman, M. D.
(Address) 216 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-10-37 I X12004

## STATEMENT BY LICENSED EMBALMER

I, J Wm Benbley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J Wm Benbley

Licensed Embalmer No. 3653

**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.)**