1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 7 1939

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30211

Primary Registration District No. 20

Registrar's No. 1394

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St Louis 2

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9760 Trescott
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9760 Trsecott
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Luella (Ela) Sevier 160

3. (b) If veteran, name war ////////////

3. (c) Social Security No. ////////

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Sevier

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 22 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	10	hr. min.

9. Birthplace (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Mrs W B Allen

(b) Address 2310 S. Milton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) AUG 4 1939 (Date received local registrar) (b) T R Meyer M D D PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1939 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from July 1 1938, 19, to Aug 2, 1939
that I last saw her alive on Aug 1, 1939, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heat Prostration.	13 hrs
Due to Excessive heat	
Due to 93 C	
Other conditions Myocarditis (Chronic) (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Sterling (M. D. or other)
Address 2050 North & South Rd Date signed Aug 2

BC.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3478

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.