

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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!

Registration District No. **791**  
**1008** Primary Registration District No. **4550 NOV 13 1939**

Registrar's No. **9086**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: City Hospital, #1  
(d) Length of stay: In hospital or institution 1 Mo. 21 Days  
In this community, 10 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County X  
(c) City or town St. Louis  
(d) Street No. 307 1/2 Pine St.  
(e) If foreign born, how long in U. S. A. X years.

3. (a) PRINT FULL NAME David Sedam 350  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 17,  
year 1939 hour 7:55 minute P. M.  
21. I hereby certify that I attended the deceased from August 28, 1939 to October 17, 1939  
that I last saw him alive on October 17, 1939  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife X  
6. (c) Age of husband or wife if alive X years

Immediate cause of death  
Broncho pneumonia chronic  
cystitis, hydro nephrosis no stone  
Due to Chr. cystitis catarrhal  
Due to \_\_\_\_\_

7. Birth date of deceased: December 19, 1857  
(Month) (Day) (Year)  
8. AGE: Years 81 Months 9 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 107a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Nil.  
11. Industry or business X  
MOTHER FATHER { 12. Name David Sedam  
13. Birthplace ??  
14. Maiden name Mary Percival  
15. Birthplace France

16. (a) Informant's own signature Ann Morrison  
(b) Address City Hospital, #1  
17. (a) Burial (b) Date thereof 10-26-39  
(c) Place; burial or cremation City Cemetery  
18. (a) Signature of funeral director J. P. Sedam  
(b) Address 1515 Lafayette  
19. (a) OCT 25 1939 (b) J. P. Sedam

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Geo Fraser MD (M. D. or other) 1  
Address 1515 Lafayette Date signed 10/24/39

---

---

**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.....

P. O. Address.....

**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.)**

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