

WHILE MAINLY—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5236
Registrar's No. 2066

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Maggie Sewell

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 30, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 28 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name George Sewell

13. Birthplace London, England
(City, town, or county) (State or foreign country)

14. Maiden name Elisha

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. M. White
(b) Address 5235 Page Blvd.

17. (a) Burial (b) Date thereof March 2, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Daniel Nicholas
(b) Address 1431 Union Blvd.

19. (a) FEB 29 1940 (b) J. B. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5235 Page Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 29th
1940 to Feb. 28 1940
that I last saw him alive on Feb. 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

General Peritonitis 10 days

Due to Suppurative appendicitis 11 days

Due to _____

Other conditions Diabetes Mel. 15 yrs
(Include pregnancy within 3 months of death)

Major findings: Peritonitis - appendicitis
Of operations _____

Of autopsy Peritonitis - appendicitis

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Brubaker (M. D. or other) _____
Address 2435 W. Grand Ave. Date signed 2/29/40

3005 20 0000

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 Larry M White

Licensed Embalmer No. 3973

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.