S. No. 2
-11-10-39
5-17-39
PI X21492

6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 20

State File No. 36347

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1956

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo. Lemmon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 3 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 1002 Henry St. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Henry W. Seymour

3. (b) If veteran, name war ..... 3. (c) Social Security No. Nick Pom

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

6. (b) Name of husband or wife Matta Seymour 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 12 (Day) 1879 (Year)

8. AGE: Years 61 Months 16 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Sturgeon, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Wabash R.R. painter 0

11. Industry or business 9

FATHER
12. Name George H. Seymour
13. Birthplace Sturgeon, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan C. Seymour
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. McGrath
(b) Address 715 Fisk Ave - Moberly Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Mo

18. (a) Signature of funeral director Mayhew & Sons
(b) Address Mobley Mo

19. (a) OCT 16 1940 (Date received local registrar) (b) T. R. Meyer MD Sec'y (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1940 hour 12:00 M minute ..... M.

21. I hereby certify that I attended the deceased from Aug. 26, 1940, to Oct 16, 1940; that I last saw him alive on October 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced Pulmonary Tuberculosis	1 1/2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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) no
(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. Gerson (M. D. or other) 1
Address Mt. St. Rose Sanatorium St. Louis, Mo. Date signed 10-16-40

(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 Howard T. Rowland

Licensed Embalmer No. 8114

P. O. Address St Louis Mo

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.