S. No. 2
—4-13-40
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PI X23159

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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4253

Registration District No. 784 Primary Registration District No. 90 Registrar's No. 92

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: KOCH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 44 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DEACESED:
(a) State: MISSOURI (b) County: 000
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No.: 1430 BIDDLE STREET (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? LIFE years. 7

3. (a) PRINT FULL NAME: LILLIAN SEYMOUR
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: F.
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: JAN. (Month) 22 (Day) 1907 (Year)

8. AGE: Years 33 Months 11 Days 19 If less than one day hr. min.

9. Birthplace: MEMPHIS (City, town, or county) TENN. (State or foreign country)
10. Usual occupation: WAITRESS
11. Industry or business:
FATHER 12. Name: FLETCHER SEYMOUR
FATHER 13. Birthplace: MEMPHIS (City, town, or county) TENN. (State or foreign country)
MOTHER 14. Maiden name: JULIA SMITH
MOTHER 15. Birthplace: ? (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant: PATIENT
(b) Address: 1430 Biddle St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Bernie Love
(b) Address: 3103 Washington
19. (a) JAN 16 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 11 year 1941 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from NOV. 27, 1940 to JAN. 10, 1941; that I last saw h[illegible] alive on JAN 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	6 yrs ?
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: Pulmonary Tbc, Tbc of Larynx and intestine	

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)
(e) Did he at work? (e) Means of injury:
23. Signature: Paul Murphy (M. D. or other) D
Address: Koch Mo Date signed 1-11-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ronendick
Julia Seymour

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.