

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9050**

Registration District No. **791**

Primary Registration District No. **1002**

Registrar's No. **2460**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4335 Humphrey St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James W. Setchfield**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18**,
year **1941** hour **11:25** minute **A. M.**
21. I hereby certify that I attended the deceased from **February**
25, 19**41** to **March 18**, 19**41**
that I last saw him alive on **March 18**, 19**41**
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** **married**
6. (b) Name of husband or wife **Dorothy Lea Setchfield** **6. (c) Age of husband or wife if alive** **55** years
7. Birth date of deceased **March 5, 1881**
(Month) (Day) (Year)

Immediate cause of death
Tuberculous Abscess of Spinal Column now pulmonary
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **no**

8. AGE: Years **60** Months **0** Days **13** If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Parsons, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Watchman**

11. Industry or business **Laclede Christy**

12. Name **William J. Setchfield**

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

14. Maiden name **Mary Kenoe**

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

16. (a) Informant **Mrs. Dorothy Setchfield**

(b) Address **4335 Humphrey St.**

17. (a) Burial (b) Date thereof **3-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Gregory Hayes**
(b) Address **4228 So. Ringway**

19. (a) MAR 18 1941 (b) **J. W. Medsich**
(Date received local registrar) (Registrar's signature)

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 **Roger W. Howell** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date **3/28/41**

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

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17
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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..... *Reinhold P. Lehman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.