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REC'D JUL 27 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22706

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1315

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7300 Mariette Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Elizabeth Seymour Rosborough

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James G. Rosborough

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August 3, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>10</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas W. Seymour

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

14. Maiden name Susan Banks

15. Birthplace Dover, England / (City, town, or county) (State or foreign country)

16. (a) Informant James G. Rosborough

(b) Address 7300 Mariette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/41
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 2 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7300 Mariette Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1941 hour 4 minute 5 P. M.

21. I hereby certify that I attended the deceased from June 18, 1941, to June 30, 1941, that I last saw her alive on June 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 12 days

Due to _____

Due to _____

Other conditions Chronic Valvular Cardiac Condition 97d years
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy No autopsy

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 Vincent F. Pennsard (M. D. or other) [Signature]

Address 3104 Sutton Ave. Date signed 7/1/41

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

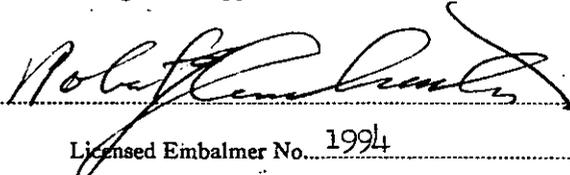
STATEMENT BY LICENSED EMBALMER

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. 1994

P. O. Address..... St. Louis.

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.