

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 3631

1. PLACE OF DEATH:

(a) County Nevada 4th
(b) City or town Nevada Washington
(c) Name of hospital or institution: State Hospital No 3
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 year 2 mo 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1526 Menard
(If rural, give location)
(e) If foreign born, how long in U. S. A. U.S.A. years.

3. (a) PRINT FULL NAME CATHERINE-SEAY

8. (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 married
6. (b) Name of husband or wife William Seay 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Dec 10 1850
(Month) (Day) (Year)

8. AGE: Years 71 Months none Days 12 If less than one day - hr. - min.

9. Birthplace St Paul Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER { 12. Name unknown
18. Birthplace unknown Minnesota
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof Dec 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Fred Finnerl
(b) Address Nevada Mo

19. (a) Dec 23 1941 (b) Allevell Hoays
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Dec 22, 1941;
that I last saw her alive on Dec 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Degenerative Myocarditis

Due to _____
Due to 93d

Other conditions Psychosis & cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

Duration
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? _____

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

23. Signature Paul L. Barore (M. D. or other) M.D.
Address State Hosp No 3 Date signed Dec

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2110

Date Filed 1-6-42

SEP 23 1942

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 Lloyd B. Wimsatt

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.