S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22325

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1431

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 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 S.Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Jones & Brennam
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

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3. (a) PRINT FULL NAME Abraham Seals

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 2

5. Color or race colored /

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

6. (b) Name of husband or wife Ella Seals

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

7. Birth date of deceased Feb. (Month) 16 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	12	hr. min.

9. Birthplace Columbus (City, town, or county) Miss. / (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name William Seals
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mariah Harper
15. Birthplace Columbus (City, town, or county) Miss. / (State or foreign country)

16. (a) Informant ~~Record~~ Record Room
(b) Address St. Louis Co. Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 3 42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address Kinloch, Mo.

19. (a) JUL 3 - 1942 (Date received local registrar) (b) E. G. McGarvon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 7 minute :30 a. M.

21. I hereby certify that I attended the deceased from 6-11-42, 19__, to 6-28-42, 19__; that I last saw him alive on 6-28-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dehydration & emaciation	2 wks.
Due to: Carcinoma of bladder	months
Due to:	
Other conditions: Arteriosclerotic Cardiovascular disease & decompensation (Include pregnancy within 3 months of death)	months

Major findings:
Of operations: Carcinoma of bladder (biopsy)
Of autopsy:

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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address St. Louis Co. Hospital Date signed 6-29-42

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(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.

not Embalmed

Signed.....

Licensed Embalmer No.....

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.