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M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12197

FILED APR 1 1944
Registration District No. 31944

Primary Registration District No. 2002

State File No. _____
Registrar's No. 764

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
736 Eastgate
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Emily Seat
3. (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 Widow
6. (b) Name of husband or wife Samuel A. Seat
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 20 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1944 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1
1944 to Mar 27 1944.
that I last saw her alive on Mar 26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 07 7 hr. _____ min.

Immediate cause of death Hypertensive heart disease
Due to _____
Due to _____

9. Birthplace Victoria Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business _____
12. Name William Washburn
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Downing
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Emma Merriman

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

17. (a) Burial (b) Date thereof 3-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hematite, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 29 1944 (b) E. J. Mc Lauran, M.D.
(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 H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 3/28/44

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 *John C. Gonski*.....

Licensed Embalmer No. *3398*.....

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.