S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39863

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 412

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU.
(b) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 68 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")
(d) Street No. 237. No. FOUNTAIN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME EMIL SEBASTIAN.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. - 14 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 18 If less than one day hr. min.

9. Birthplace POCAHONTAS. (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business RAIL ROAD
FATHER 12. Name HERMAN SEBASTIAN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't Know
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant MRS EDITH LIGHTFOOT
(b) Address CAPE GIRARDEAU
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEM.
18. (a) Signature of funeral director Walthers Fun. Co
(b) Address Cape Girardeau Mo
19. (a) 12-4-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 3 year 46 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12/2 46, to 12/3 46, that I last saw alive on 12/2/46, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (a) MYOCARDITIS | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Pneumonia | |

Major findings:
Of operations
Of autopsy 108

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 (M. D. or other)
Address Date signed 12/3/46

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1948

RECEIVED

District Health Officer No. 4

District File Number 1246-2958

Date Filed 12-9-46

**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. Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

**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.**