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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 43 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 20023070

State File No. 26309

Registrar's No. 1600

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 101 Stebbins 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry W. Seals
3. (b) If veteran, name war World War #1
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased March 10th, 1900 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	4	14	hr. min.

9. Birthplace Owensberg (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Plasterer
11. Industry or business Self

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

MOTHER
14. Maiden name Elizabeth Casper
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Jessie Seals
(b) Address 101 Stebbins, Webster Groves, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) 7-28-47 (Date received local registrar) (b) Cecila Z Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1947 hour 6:05 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death carbon monoxide poisoning

Due to

Due to 1630

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence July 24, 1947
(c) Where did injury occur? Webster Groves, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place) (inhaling illum. gas)
While at work? no (e) Means of injury
Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 7/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 4

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 Robert Crowder

Licensed Embalmer No. 2178

P. O. Address St Louis 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, fact should be so stated above.