DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21330

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 5880

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1005

(a) State Missouri (b) County St. Francois

(c) City or town RURAL 94
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME George W Sebastian

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

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 Jan. (Month) 5 (Day) 1853 (Year)

8. AGE: Years 95 Months 5 Days 24 If less than one day hr. min.

9. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Sebastian
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miller
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Sebastian
(b) Address Flat River, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem. Farmington Mo

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) JUL 1 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 25, 1948, to June 29, 1948
that I last saw him alive on June 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 1 24 Duration

Due to Chronic pyelonephritis calculous

Due to Prostatic obstruction

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

Major findings:
Of operations

Of autopsy As above

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 O

23. Signature F R Bradley (M. D. or [illegible])
Address Barnes Hospital Date signed 6/29/48

(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.

Signed Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.