

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6527 Bartmer Street.</u>				3. NAME OF DECEASED a. (First) <u>Augusta</u> b. (Middle) / c. (Last) <u>Sewell</u>					
4. DATE OF DEATH <u>Jan 9th 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>June 29th 1879</u>		9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Maires County Missouri</u>		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Bud McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Barney Sewell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Maire</u> ADDRESS <u>6527 Bartmer</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia and Exhaustion</u> ANTECEDENT CAUSES DUE TO (b) <u>carcinoma of colon</u> DUE TO (c) <u>metastasis to Liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>462 132 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>one year</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>6-17-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>obstructing carcinoma ascending colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>May 30, 1948</u> to <u>Jan. 9, 1949</u> , that I last saw the deceased alive on <u>Jan. 9, 1949</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jim W. Norton, M. D.</u>				23b. ADDRESS <u>634 No. Grand - St Louis, Mo</u>		23c. DATE SIGNED <u>1-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>St. James Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>					

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

9365

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ellen R. Remelius

Licensed Embalmer No. 4282

P. O. Address St. James, 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.