

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25282  
State File No. 5938

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>		<b>0810</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Corda</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Sewell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 3, 1890</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Maries Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Uriah Fisher</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Suthard</b>			14. NAME OF HUSBAND OR WIFE <b>Charles</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Sewell, St. James, Mo.</b>				
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Arteriosclerosis</b></p> <p>ANTECEDENT CAUSES DUE TO (b) <b>Central Hemorrhage</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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? <b>331X</b>				22. I hereby certify that I attended the deceased from <b>5-14, 1951</b> , to <b>July 2, 1951</b> , that I last saw the deceased alive on <b>July 1, 1951</b> , and that death occurred at <b>11:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harold G. Seftone</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>607 N. Grand Ave.</b>			23c. DATE SIGNED <b>7-3-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal IL</b>		24b. DATE <b>7-2-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>St. James, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7/3/51</b>		REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>				

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

REV 1 1950

AUG 28 1950

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed J. W. Buckley  
Licensed Embalmer No. 360

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.