

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3531

BIRTH NO. 74682 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland (21) 407 X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4500 Crestshire</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>Bartley</b>	c. (Last) <b>Seawel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 6 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 26 1953</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR <b>10</b>	IF UNDER 1 HR. <b>0</b>	IF UNDER 1 MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>###NOVEL###</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>###NOVEL###</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond Heights O Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Carson Seawel</b>	13b. MOTHER'S MAIDEN NAME <b>Zila Rich</b>	14. NAME OF HUSBAND OR WIFE <b>#####</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carson Seawel</b>	ADDRESS <b>4500 Crestshire</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatitis Laileuro.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential disease of bile ducts</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>12-1-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Absence of bile ducts</b>	7562	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **11-21-**, 19**53**, to **1-6-**, 19**54**, that I last saw the deceased alive on **1-6-**, 19**54**, and that death occurred at **7 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Larry K. Pusell M.D.</b>	23b. ADDRESS <b>4660 Maryland St. Louis 8, Mo.</b>	23c. DATE SIGNED <b>1-7-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 8 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-8-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Collins Funeral Home</b>	ADDRESS <b>1012387th Ave 90</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. K. Purcell

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 Sheldon Collins

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas

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.