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Doctor, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
32405
8099

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PHILLIPS HOSPITAL Entrance to Homer G.		Length of stay in lb	d. STREET ADDRESS 3641 Palm St.
3. NAME OF DECEASED (Type or print) First Middle Last Sadie M. Seabaugh		4. DATE OF DEATH Month Day Year Sept. 1, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1894
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Desk Clerk
100. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Sedgewickville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Johnson Seabaugh		14. MOTHER'S MAIDEN NAME Caroline Hartle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Lillie Seabaugh, 3641 Palm St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage</i> DUE TO (b) <i>Multiple Fractures</i> DUE TO (c) <i>suffered when struck by trolley</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>operated by one, Alfred Hicks</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>at intersection of Spring and Natural Bridge Ave., about 1254am</i>	
20c. TIME OF INJURY Hour Month, Day, Year 1254 9 1 56		20d. PLACE OF INJURY (i. e., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo 25</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>105A</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <i>James M. Deery Deputy Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>9-1-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>9/3/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>
24. FUNERAL DIRECTOR PROVOST UND. CO., 3710 No. Grand		25. DATE RECD. BY LOCAL REG. <i>SEP 1 1956</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith - MD</i>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Gustav W. Deitel

Licensed Embalmer No. 4

P. O. Address.....
St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.