MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 9 1960

60-021515

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5575

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4017 MC REE AVE. — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 4017 MC REE AVE. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle L. Last SEWELL

4. DATE OF DEATH: Month MAY Day 28 Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/14/1868

9. AGE (last birthday): 91 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOLDER

10b. KIND OF BUSINESS OR INDUSTRY: LIGGETT*MEYERS

11. BIRTHPLACE (City and state or country): ST. JAMES, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MARTIN SEWELL

13b. MOTHER'S MAIDEN NAME: ANNA MILLER

14. NAME OF HUSBAND OR WIFE: MARTHA BREUER SEWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-16-4921A

17. INFORMANT: MRS. SAM GIANINO, Address: 4017 MC REE AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Urinary Retention

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile 450.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year — none

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1946, to 1960 and last saw ~~him~~ alive on 5/28/60. Death occurred at 5/28/60 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Preston C. Hall MD

22b. ADDRESS: 3202a Lafayette

22c. DATE SIGNED: 5/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: MAY 31, 1960

23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) (State): ST. JAMES, MO.

24. FUNERAL DIRECTOR — ADDRESS: PARKER-ALDRICH, WEBSTER GROVES, MO.

25. DATE RECD. BY LOCAL REG.: MAY 30 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. m J.C.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie Welch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.