

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 1 1935

2671

1. PLACE OF DEATH

County St. Louis
Township St. Francois
City Flat River, Mo. (No.)

Registration District No. 774
Primary Registration District No. 4465

File No. 164
Registered No.
St. Ward)

2. FULL NAME

Florence Irene Seel

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 25 hrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River - Mo.

FATHER 13. NAME Mr. Melfred Melvin Seel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

MOTHER 15. MAIDEN NAME Margaret Romine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

17. INFORMANT (ADDRESS) Mr. Melfred Melvin Seel Flat River - Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn DATE Jan. 28th, 1935

19. UNDERTAKER (ADDRESS) Oliver W. Hood Flat River - Mo.

20. FILED 2-4 1935 O. B. Burdick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1935 to Jan 28 1935
I last saw him alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:
Pneumonia 7 1/2 mo.

Cause not known
159
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify:

(Signed) C. H. Applegate, M. D.
(Address) Flat River, Mo.

