

IMPORTANT:
Black Ink or Typewriter
Ribbon Mandatory by
State Law

CITY OF NEW ORLEANS
STATE OF LOUISIANA
CERTIFICATE OF DEATH

CITY
FILE NO. 59 07235

BIRTH NO. 181-2048

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1a. Last Name of Deceased SEYMOUR	1b. First Name GEORGE	1c. Second Name SAMUEL	2a. Month Day Year DATE OF DEATH: OCT. 28, 1959	2b. Hour 5:00 P. M.
	3. Sex — Male or Female MALE	4. Color or Race WHITE	5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	6a. Name of Husband or Wife SHIRLEY MAE BUEHLER	6b. Age 30
	7. Date of Birth of Deceased NOV. 27, 1923	8. Age of Deceased Years 35 Months 11 Days 1	If under 24 Hrs. Hours Min.	9a. Birthplace (City and State) ALGIERS, LA.	9b. Citizen of what Country U.S.A.
PLACE OF DEATH	12a. City, Town, or Location NEW ORLEANS		12b. Parish ORLEANS	12c. Length of Stay in this Place LIFE	
	12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) SOUTHERN BAPTIST HOSPITAL			12e. Length of Stay in Hospital or Institution 2 DAYS	
USUAL RESIDENCE OF DECEASED (Where deceased live. If institution: Residence before admission) 361	13a. City or Town— ALGIERS		13b. Parish ORLEANS	13c. State LA.	
	13d. Street Address—(If rural give location) 1743 MURL ST.		13e. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	13f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PARENTS	14a. Name of Father GEORGE SEYMOUR, SR.	14b. Birthplace of Father (City and State) ALGIERS, LA.	15a. Maiden Name of Mother EDNA F. SMITH	15b. Birthplace of Mother (City and State) GRETNA, LA.	
INFORMANT'S CERTIFICATION	I certify that the above stated information is true and correct to the best of my knowledge.		16a. Signature of Informant <i>Mrs. Shirley Seymour</i>	16b. Date of Signature OCT. 29, 1959	
	CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)				Interval Between Onset and Death
17. Part I. Death Was Caused By: Immediate Cause (a) <i>Carcinoma left lung with metastases (general)</i>				6 months	
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. Due to (b)					
Due to (c) <i>none</i>					
Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Disease Condition Given in Part I(a)				18. Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DEATHS DUE TO EXTERNAL VIOLANCE	19a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		19b. Describe How Injury Occurred (Enter nature of injury in Part I or Part II of item 17.) <i>none</i>		
	19c. Time of Injury Hour <i>16:30</i> Month, Day, Year				
	19d. Injury Occurred While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	19e. Place of Injury (e. g., in or about home, farm, factory, street office bldg., etc.)	19f. City, Town, or Location Orleans		
PHYSICIAN'S CERTIFICATION	20. I certify that I attended the deceased From <i>10/29/59</i> To <i>28 Oct 59</i>		and that death occurred on the date and hour stated above.	21a. Signature of Physician <i>[Signature]</i>	21b. Date of Signature 29 Oct 59
	22a. Burial .. <input checked="" type="checkbox"/> Date Thereof Cremation [] 10/30/59 Removal []		22b. Name and Location of Cemetery or Crematory WESTLAWN MEMORIAL PARK JEFFERSON PARISH, LA.		22c. Signature and Address of Funeral Director MOTHE FUNERAL HOMES, INC. / RLB adm 1300 VALLETTE ST., ALGIERS, LA.
BURIAL TRANSIT PERMIT	24. Burial Transit Permit Number 61944	25. Parish of Issue Orleans	26. Date of Issue OCT 30 1959	27. Signature of Deputy Registrar <i>[Signature]</i>	

George Samuel Seymour [Jr] entry, Orleans Parish Death Records, volume 0, page 7235, Louisiana State Archives, Baton Rouge, Louisiana. [Image scanned 25 Jan 2011 by George L. Buhler Jr., 16034 Glenbrook Knoll Lane, Houston, Texas, 77095, from a certified copy in possession of same.]