

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

Do not use this space.

32000

1. PLACE OF DEATH

County Madaway
Township St. Louis
City Maryville, Mo. (No. _____)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Ada Lancelo Seikel
(a) Residence, No. 329 Grand Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Rupert Seikel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 11, 1888</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>9</u>	DAYS <u>7</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Coburg, Ontario - Canada

13. NAME John L. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Baltimore, Ontario, Canada

15. MAIDEN NAME Louise MacDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Detroit, Mich

17. INFORMANT Dr. E. R. Seikel
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tombato - Canada DATE Sept 20, 1931

19. UNDERTAKER Commons Furniture Co
(ADDRESS) Maryville, Mo.

20. FILED Sept 19, 1931 M. A. E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to Sept 18, 1931
I last saw her alive on Sept 17, 1931. Death is said to have occurred on the date stated above, at 11:40 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon
460
Date of onset _____

Other contributory causes of importance:
Congenital Pulmonary Stenosis

Name of operation Proctomy Date of April 25, 1931

What test confirmed diagnosis? Biopsy Was there an autopsy? no

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) J. A. Bloomer, M. D.
(Address) Maryville, Mo.

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.

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