

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10014

State File No.

0923

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
c. LENGTH OF STAY (in this place) 67		d. STREET ADDRESS (If rural, give location) 903 Cunningham	
d. FULL NAME OF HOSPITAL OR INSTITUTION 903 Cunningham			

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3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) E c. (Last) Seeler		4. DATE OF DEATH (Month) (Day) (Year) March 23 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15 1882
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Highway	11. BIRTHPLACE (State or foreign country) St Charles Mo
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis Seeler		13b. MOTHER'S MAIDEN NAME Mathilda Fleischmann		14. NAME OF HUSBAND OR WIFE Marie Huster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-18-8439		17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Huster St Charles Mo. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				42001	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE).	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22: I hereby certify that I attended the deceased from March 18, 1950, to March 23, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE Erigeny County M.D. (Degree or title)		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 3-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26 1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
				24d. LOCATION (City, town, or county) (State) St Charles Mo.	

DATE REC'D BY LOCAL REG. 4-6-50		REGISTRAR'S SIGNATURE Francis Heuvelink		25. FUNERAL DIRECTOR'S SIGNATURE Huckmann / Bone St. Charles ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
RECEIVED APR 10 1950
District Health Officer No. 9,

STATEMENT BY LICENSED EMBALMER

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.