

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35319

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8227

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 5311 Union Blvd.

3. NAME OF DECEASED
a. (First) Louisa
b. (Middle) Catherine
c. (Last) Seele

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 26 1950

5. SEX female
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH Aug. 20 1860

9. AGE (In years last birthday) 90
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 11 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Koenig

13b. MOTHER'S MAIDEN NAME Veronica Weis

14. NAME OF HUSBAND OR WIFE Henry Seele

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Edith Stricker; 5311 Union

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

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of right femur, arteriosclerosis; when she fell while getting out of bed at home on Sept 23 1950.
ANTECEDENT CAUSES (b) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last...
DUE TO (c) about 1000 pm
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Accident

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident
SUICIDE
HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 23 5:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:44 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coronier

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 9/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 7/30/50

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) Rolla Mo.

DATE REC'D BY LOCAL REG. SEP 29 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Drehmann-Harral; 1905 Union Blvd.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Walter J. Carver
.....
Licensed Embalmer No. *3534*

P. O. Address.....

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.