

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42824

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10610

I. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 4235 Childress Ave.

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) 14th DWN St. Louis
 d. STREET ADDRESS (If rural, give location) 4235 Childress Ave.

3. NAME OF DECEASED
 a. (First) THEODORE
 b. (Middle) G.
 c. (Last) SEEMEL

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 10 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Nov. 1, 1877

9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hours: Days) (If under 24 hours: Hours) (If under 24 hours: Min.)
73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bookkeeper-F. C. Webb Quarry Co.

10b. KIND OF BUSINESS OR INDUSTRY
Quarry

11. BIRTHPLACE (State or foreign country)
Hillsboro, Mo.

12. CITIZEN OF WHAT COUNTRY?
0

13a. FATHER'S NAME
Henry Seemel

13b. MOTHER'S MAIDEN NAME
Dorothy Wedde

14. NAME OF HUSBAND OR WIFE
Gertrude Seemel

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Gertrude Seemel 4235 Childress Ave.

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) _____
ANTECEDENT CAUSES Carcinoma of stomach
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH
unk

19a. DATE OF OPERATION
July 10 50

19b. MAJOR FINDINGS OF OPERATION
Carcinoma of stomach

20. AUTOPSY?
 YES NO

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) _____

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

21f. HOW DID INJURY OCCUR?
151X

22. I hereby certify that I attended the deceased from 6/3, 1950, to Dec 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Arthur G. Warner M.D.

23b. ADDRESS
Paul Brown Bldg.

23c. DATE SIGNED
Dec 10 50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal (Mtr)

24b. DATE
Dec. 13, 1950

24c. NAME OF CEMETERY OR CREMATORY
Hillsboro Cemetery

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

DATE REC'D BY LOCAL REG.
DEC 12 1950

REGISTRAR'S SIGNATURE
J. B. Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Kriegshauser 4228 S. Kingshighway W.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Edwin A. McRumatt* Student Embalmer No.

Licensed Embalmer No. *3024*

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.