

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 43323

FILED JAN 10 1952

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11325

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2140</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		16. STREET ADDRESS (If rural, give location) <u>5336 Neosho St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Brothers</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) _____		c. (Last) <u>Seidel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-1-1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wood Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Huttig Co</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Seidl</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE, <u>Lillia Seidel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If rem, give war or dates of service) <u>494-01-6079</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillia Seidel</u>		ADDRESS <u>5336 Neosho St</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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 <u>4 days</u> <u>year</u>	
19a. DATE OF OPERATION _____		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>12-9</u> , 1951, to <u>12-21</u> , 1951, that I last saw the deceased alive on <u>12-20</u> , 1951, and that death occurred at <u>5:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gugene H. Edelle MD.</u> (Degree or title)		23b. ADDRESS <u>4971 Chippewa St.</u>		23c. DATE SIGNED <u>12-21-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 21 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Grogan Bros 6409 Gravois Ave</u>			

Dr. Edelle 4971 Chippewa St
FL 3770 / 263
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Embalmed by me
12-22-12

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 *12-22-12*

Signed.....

Paul M. Sizemore

Licensed Embalmer No. *4343*

P. O. Address *Springfield 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.