

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12305**
Registrar's No. **2398**

FILED MAR 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 1116 DOLMAN 2229	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) SEIDEL c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAR. 2 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG. 19 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13a. FATHER'S NAME ERNEST SEIDEL		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LILLIAN A. SEIDEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIAN A. SEIDEL 1116 DOLMAN
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) Lobar Pneumonia; Aspiration left leg; following injury suffered when struck by car operated by Frank Butenick at inter- section of Gravois and Iriate about 4:30 pm Dec 24 1952 Whether accidental or the result of criminal Carabunan. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death could not be determined open Verdict	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 000	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR E 8124
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 2:30A m., from the causes and on the date stated above. 25			
23a. SIGNATURE Salvador E. Taylor (Deputy or title) Car. 3		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3. 3. 53.
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 6 1953	24c. NAME OF CEMETERY OR CREMATORY OLD ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
DATE REC'D BY LOCAL REG. MAR 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Thomas Ruttis 2906

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.....
Signature of Student Embalmer

Signed.....
John C. Hill

Licensed Embalmer No. *4349*

P. O. Address *2506 Harris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.