

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12773**

FILED APR 3 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **820**

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. LENGTH OF STAY (in this place) UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Meramec River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park #761	
		d. STREET ADDRESS (If rural, give location) 300 Vest	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Lenora		b. (Middle) Joan	
c. (Last) Seiler		Month 3 Day 14 Year 1953	
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct-7- 1939
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months 5 Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Parochial grade	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bernard Seiler		13b. MOTHER'S MAIDEN NAME Caroline Diebold	
14. NAME OF HUSBAND OR WIFE Single			
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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernard Seiler 300 Vest Valley P.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation - suffered in some undetermined manner and by some undetermined agent. Body found floating in the Meramec River near Larkin & Williams Rd. Deceased	
		DUE TO (b) disappeared on 2/15/53 and came to her death on 2/15/53. Body found	
		DUE TO (c) disappeared on 2/15/53 and came to her death on 2/15/53. Body found	
		II. OTHER SIGNIFICANT CONDITIONS disappeared on 2/15/53 and came to her death on 2/15/53. Body found	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION on 3/14/53	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Undetermined	
21c. (CITY, TOWN, OR TOWNSHIP) Valley Park (COUNTY) St. Louis (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/15/53 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? Undetermined	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Ronald J. Williams (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 3/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1953	
24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24d. LOCATION (City, town, or county) (State) Valley Park, Mo.	
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Herbert R. Bopp	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.	

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 33 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.