

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30418

State File No.

FILED AUG 20 1953

7229

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

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 c. LENGTH OF STAY (in this place) 78 yrs c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2704 Louisiana Avenue e. STREET ADDRESS (If rural, give location) 2704 Louisiana Avenue

3. NAME OF DECEASED a. (First) JOSEPHINE b. (Middle) c. (Last) SEIDEL 4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOW 2 8. DATE OF BIRTH April 22, 18 75 9. AGE (in years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederick Nedderhüt 13b. MOTHER'S MAIDEN NAME Josephine Opl 14. NAME OF HUSBAND OR WIFE Max R. Seidel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. H. Hoerr, 10036 Lakeshire Dr., Affton, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aorticulosis
DUE TO (c) —
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION — 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) 572.1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 22, 1953, to July 23, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 3:45 P. m. from the causes and on the date stated above.

23a. SIGNATURE Philip Schuck, M.D. (Degree or title) 23b. ADDRESS 1703 S Grand. 23c. DATE SIGNED 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation 24b. DATE July 25, 1953 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 25 1953 J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Ave.

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

DR. PHILIP SCHUCK
1703 S. Grand Ave.

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Deliv J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Louis

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.