

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37589

Registrar's No. 9683

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 37589		Registrar's No. 9683			
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>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>3 weeks</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>			7148		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5627 Janet Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>M.</u> c. (Last) <u>SEILER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1953.</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1910</u>		9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IBM Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Edwin E. Owens</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Martin</u>			14. NAME OF HUSBAND OR WIFE <u>Leo A. Seiler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-05-8641</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo A. Seiler, 5627 Janet Ave.</u>			ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Ca. of Lung.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>T</u>			
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 <input checked="" type="checkbox"/> NO <input 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>163X</u>							
22. I hereby certify that I attended the deceased from <u>9-16-53</u> , 19 <u>53</u> , to <u>10-8-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 7, 1953</u> , and that death occurred at <u>3:35 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>C. S. Rouse M.D.</u>			23b. ADDRESS <u>539 N. Grand Ave</u>			23c. DATE SIGNED <u>10-10-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/12/53.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>OCT 10 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Salvin F. Feutz, 4828 Natural Bridge Blvd.</u>			ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

*John A. Mlinar*

Licensed Embalmer No. 4186

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.