

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5819**
Registrar's No. **353**

BIRTH NO. **FILED FEB 22 1954** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Calhoun	
b. CITY OR TOWN St. Charles		c. CITY OR TOWN "Rural" Road Dist. 6	
c. LENGTH OF STAY (in this place) 8-Days		d. STREET ADDRESS (If rural, give location) "Rural" Bachtown, Illinois	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Hubert	b. (Middle) Lee	c. (Last) Seidler	4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1903	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 5 Days 3	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Golden Eagle, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Seidler	13b. MOTHER'S MAIDEN NAME Ida Ingel	14. NAME OF HUSBAND OR WIFE Alma Seidler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 345-09-7403	17. INFORMANT'S SIGNATURE OR NAME Alma Seidler, Golden Eagle, Illinois	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningococcal meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 0570
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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?
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22. I hereby certify that I attended the deceased from **Feb 8, 1954** to **Feb 14, 1954**, that I last saw the deceased alive on **Feb 14, 1954**, and that death occurred at **12:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. J. Canty (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Feb. 15, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 17, 1954	24c. NAME OF CEMETERY St. Barbara	24d. LOCATION (City, town, or county) (State) Bachtown, Illinois
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DATE REC'D BY LOCAL REG. Feb 15 1954	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. L. Hamming	ADDRESS Bennett del
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

MAR 24 1950

MAR 30 1950

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

Frank R. Amalson

Licensed Embalmer No. 4837

P. O. Address St. Charles, 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.