

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 701

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moline

c. LENGTH OF STAY (In this place) 18 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lullaby Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 1375a Arlington

3. NAME OF DECEASED (Type or Print)

a. (First) ROSE b. (Middle) c. (Last) SEIDEL

4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.

8. DATE OF BIRTH Unk. 9. AGE (In years last birthday) ab 70

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) USSR

12. CITIZEN OF WHAT COUNTRY? USSR

13a. FATHER'S NAME W.D. Schuyler 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Louis

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 Edward Seidel 5949 Washington

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis - chronic myocarditis

ANTECEDENT CAUSES Coronary Arteriosclerosis

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.

INTERVAL BETWEEN ONSET AND DEATH: Chronic

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) 4201

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 1/27, 1954, to 3/1, 1954, that I last saw the deceased alive on 3/4, 1954, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Lidenson, M.D. 23b. ADDRESS 508 N. Grand 23c. DATE SIGNED 3/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur. 24b. DATE 3/21/54 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 24d. LOCATION (City, town, or county) (State) University City Mo.

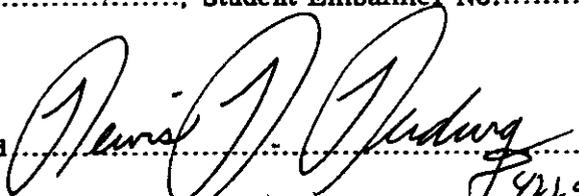
DATE REC'D BY LOCAL REG. 3-19-54 REGISTRAR'S SIGNATURE Herbert R. Donker M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beoger Memorial 4715 McPherson

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 
Licensed Embalmer No. 79249

P. O. Address

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.