

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17461

BIRTH NO. 40846-52 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1191

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann 1071	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS (If rural, give location) Box 739 82 Rt. 7		
3. NAME OF DECEASED (Type or Print) Infant		a. (First)		b. (Middle)	
		c. (Last) Seithel		4. DATE OF DEATH (Month) (Day) (Year) May 21 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 19 1954		9. AGE (in years last birthday) IF UNDER 1 YEAR 2
IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ##### NONE		10b. KIND OF BUSINESS OR INDUSTRY ##### NONE		11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights Mo. 6	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Martin Seithel		13b. MOTHER'S MAIDEN NAME Helen Manning		14. NAME OF HUSBAND OR WIFE ##### NONE	
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 Martin Seithel Rt. 7 St. Ann Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrolysis of parent ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Both sides DUE TO (c) Prematurity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 7625	
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?	
22. I hereby certify that I attended the deceased from May 19, 1954 , to May 21, 1954 , that I last saw the deceased alive on May 1, 1954 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward J. ...		23b. ADDRESS The Theatre Bldg		23c. DATE SIGNED 5-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 22 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. R _d /	
DATE RECD BY LOCAL REG. 5/21/54		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Colliers Funeral Home 10123 St. Chas	

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 _____

working under my personal supervision.

Student
(Student Embalmer)

No Embalming

Student Embalmer No.

Signed *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *1072 3 St. Chas. A*

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.