

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2657

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirkwood
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 468 2/8
d. Is Residence within limits of a city or incorporated town? Yes [X] No []
e. STREET ADDRESS (If rural, give location) 515 W. Adams Ave.

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) C. c. (Last) SEELE
4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 13, 1884 9. AGE (In years last birthday) 70 if UNDER 1 YEAR Months 9 if UNDER 2 HRS. Days 1 Hours Min.

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

13a. FATHER'S NAME Frederick Seele
13b. MOTHER'S MAIDEN NAME Emma Hohenschild
14. NAME OF HUSBAND OR WIFE Adele Seele

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. 494-03-4131
17. INFORMANT'S SIGNATURE OR NAME Adele Seele, 515 W. Adams, Kirkwood ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Disease year
DUE TO (c) Arteriosclerotic Vasculer Disease years
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 [X]

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) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [X] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1941, to Nov. 14, 1954, that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at 12:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
Olewith A. Wehring, M.D. 204 E. Big Bend 11-15-54

24a. REMOVAL 24b. DATE 11/17/54 24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG 11-16-54 REGISTRAR'S SIGNATURE Herbert R. Donker, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood

(Licensed Embalmer's Statement on Reverse Side)

520

MW

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

DEC 16 1957

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 *V E Morris*.....

Licensed Embalmer No. *336*

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.**