

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

State File No.

5747

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>9 Yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6060 Sutherland Ave.</u>				STREET ADDRESS (If rural, give location) <u>14 6060 Sutherland Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Magdalen</u>			b. (Middle) _____			c. (Last) <u>Seiler</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1955</u>									
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 8, 1875</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Mathias Tieber</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mihalith</u>			14. NAME OF HUSBAND OR WIFE <u>Stephen Seiler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-07-9497</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Seiler</u>				ADDRESS <u>6060 Seiler</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lung condition</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Cerebro. Vas. Disease</u>						<u>8 mos.</u>			
DUE TO (c) <u>Cerebro. Vascular Dis.</u>						<u>8 mos.</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 <u>None</u>				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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
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? <u>4222</u>					
22. I hereby certify that I attended the deceased from <u>Mar. 1, 1955</u> , to <u>July 2, 1955</u> , that I last saw the deceased alive on <u>July 2, 1955</u> , and that death occurred at <u>12:10A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. J. H. Smith</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1404 Y. Mandel Ave</u>		23c. DATE SIGNED <u>7.5.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 5 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary</u>		ADDRESS <u>6464 Chippewa St., St. Louis, Mo.</u>			

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 *Linus C. Hoffmeister*

Licensed Embalmer No. 381

P. O. Address 7814 S. B...

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.