

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38861  
9606

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (in this place) <u>23 days</u>	c. CITY OR TOWN <u>Clayton</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>St Louis Children's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7414 Wydown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Louis</u> c. (Last) <u>Seidel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 4 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>2-11-46</u>	9. AGE (In years last birthday) <u>9</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>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis</u>	
13a. FATHER'S NAME <u>Eugene J. Seidel</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Waitke</u>		14. NAME OF HUSBAND OR WIFE <u></u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Zook</u>		ADDRESS <u>500 So. Kennelshighway</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>8 weeks</u> <u>18 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>uremia</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>nephrosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>asicyes</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>591x</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) (COUNTY) (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?

22. I hereby certify that I attended the deceased from 10-12, 1955, to 11-4, 1955, that I last saw the deceased alive on 11-4, 1955, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. O'Connell</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>500 So. Kennelshighway</u>	23c. DATE SIGNED <u>11-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>	24b. DATE <u>11-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>oak GROVE MAUSOLEUM</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
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DATE REC'D BY LOCAL REG. <u>NOV 4 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton and Sons</u>	ADDRESS <u>7233 Delmar Blv'd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.