

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39153

FILED DEC 13 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2716

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| 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 Clayton | | c. LENGTH OF STAY (In this place) 3 Mos | c. CITY OR TOWN St. Ann's ⁴⁰⁷ |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospt. | | e. STREET ADDRESS (If rural, give location) 10845 St. Frances Lane | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) _____ c. (Last) SEIDLER | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 18 55 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1/15/1887 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZENSHIP OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Geo. Halblaub | | 13b. MOTHER'S MAIDEN NAME Cora Vollmer | | 14. NAME OF HUSBAND OR WIFE Wm. Seidler Dec. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Leslie Stephens ADDRESS 10845 St. Frances L | | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary with distant implantations & metastases | | | INTERVAL BETWEEN ONSET AND DEATH 18 months |
| | | ANTECEDENT CAUSES 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. Arteriosclerotic heart disease Pulmonary embolization RUL | | | 2 yrs 1 hr |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 175x | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|--|--|--|--|---|--|
| 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) m. | | 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 9-16, 1955, to 11-18, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

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|---|--|--|---|---|--|
| 23a. SIGNATURE Robert P. Douberand (Degree or title) | | 23b. ADDRESS 433 Belvidere Lane St. Louis 19, Mo. | | 23c. DATE SIGNED 11/18/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/21/55 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo. | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 11-19-55 | | REGISTRAR'S SIGNATURE Herbert R. Douberand | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Funeral Home Inc. 1125 Hadiamont Ave. | |
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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 *W 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.