

FILED NOV 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 39228

BIRTH NO. 83333-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2606

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give town) **Richmond Heights**

c. LENGTH OF STAY (in this place) **5 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Richmond Heights**

d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) **6420 Clayton Avenue**

3. NAME OF DECEASED

a. (First) **Tamara**

b. (Middle) **Ann**

c. (Last) **Seithel**

4. DATE OF DEATH (Month) **Nov** (Day) **6** (Year) **1955**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Infant**

8. DATE OF BIRTH **Oct 31 1955**

9. AGE (In years last birthday) **0** IF UNDER 1 YEAR Months **5** IF UNDER 24 HRS. Days **5** Hour **5** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Richmond Heights, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Edward J. Seithel**

13b. MOTHER'S MAIDEN NAME **Virginia C. Crets**

14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Mr. Edward J. Seithel** ADDRESS **1925a E. Prairie Av**

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart failure**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Congenital Heart Disease - Isolated Atherosclerosis & Transposition**

DUE TO (c) **-**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **Both**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **7730**

20. AUTOPSY? YES NO

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-5, 1955**, to **11-6, 1955**, that I last saw the deceased alive on **11-6, 1955**, and that death occurred at **8:43 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **E.P. Lynskey** (Degree or title) **MD**

23b. ADDRESS **3209 S. Lind**

23c. DATE SIGNED **11-7-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Nov 8 1955**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **11-7-55**

REGISTRAR'S SIGNATURE **Herbert R. Doube MD**

25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.** ADDRESS **2161 E. Fair Ave**

26. (Licensed Embalmer's Statement on Reverse Side)

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.....

NOT EMBALMED

Henry G. Burns

Licensed Embalmer No. 4302

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.