

No. 300  
10-48

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3368

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Olivette</u>	c. LENGTH OF STAY (In this place) <u>3yrs</u>	c. CITY OR TOWN <u>Olivette</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>Bonhomme Restorium</u>		e. STREET ADDRESS (If rural, give location) <u>Bonhomme Restorium</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minna</u> b. (Middle) <u>Seidlitz</u> c. (Last) <u>deSouchet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. -unk- 1854</u>		9. AGE (In years last birthday) <u>10 1/2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Dr. George N VonSeidlitz</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jule deSouchet</u>
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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>Mr. R. E. Bell</u>	ADDRESS <u>4475 West Pine Blvd</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Jan 20, 1956, to Jan 21, 1956, that I last saw the deceased alive on Jan 21, 1956, and that death occurred at 10:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Stueber M.D.</u>	(Degree or title)	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>1-23-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 24, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-56</u>	REGISTRAR'S SIGNATURE <u>Dufeit B. Dombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u>	ADDRESS <u>6115 Delmar</u>
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Dr. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. George J. Jones  
3720 Washington Je 3.4515  
11 Kingsbury Pl  
Fo 17130

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 *Jos. E. McCullough*

Licensed Embalmer No. 246

P. O. Address 61702

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.