

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11405**

FILED MAR 26 1956

318 PRIMARY REG. DIST. NO. **1003** Registrar's No. **2222**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2222		
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN 4534 Maplewood		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 Missouri Baptist				e. STREET ADDRESS (If rural, give location) 2124 Yale				
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) Ewen		c. (Last) Seel		4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1898		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Insurance Office Bldg		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Luther Seel			13b. MOTHER'S MAIDEN NAME Lucy White		14. NAME OF HUSBAND OR WIFE Marie Williams Seel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Seel 2124 Yale				
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				INTERVAL BETWEEN ONSET AND DEATH 3 mos?
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Monocytic Leukemia				ANTECEDENT CAUSES acute monocytic leukemia				
Morbidity 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 congenital heart failure				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 2042				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1-11-1956 , to 3-1-1956 , that I last saw the deceased alive on 2-29-1956 , and that death occurred at 3:50A m., from the causes and on the date stated above.								
23a. SIGNATURE Warren Lohergan (Degree or title) MD				23b. ADDRESS 457 N. Kings Highway		23c. DATE SIGNED 3-2-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. MAR 2 1956		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert Kelly 7267 Natural Bridge			

(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 *James A. Lam*.....

Licensed Embalmer No. *41*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.