Health, Welfare Public Service

300
1-56 0

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

FILED NOV 16 1956

STATE FILE NUMBER 36180

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9375

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b: 22 9

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3840 Missouri ave. — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First ROSA Middle Last SEIGLER

**4. DATE OF DEATH** Month OCT. Day 11, Year 1956.

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH:** 2-21-1890

**9. AGE** (In years last birthday): 66 — 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): housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** at home

**11. BIRTHPLACE** (City and state or country): Winkler, Mo.

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

**13. FATHER'S NAME:** unknown Litty

**14. MOTHER'S MAIDEN NAME:** unknown

**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.:** none

**17. INFORMANT** Address: Marvin Flory, 9325 Irvington ave.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Laryngeal Obstruction following Cholecystectomy — INTERVAL BETWEEN ONSET AND DEATH 1-2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 586x

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 9/29/56, to 10/11/56 and last saw her/him alive on 10/11/56
Death occurred at 9:50 A.M on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Jerome J. Stamilaw M.D.

**22b. ADDRESS:** 1515 LAFAYETTE AVE.

**22c. DATE SIGNED:** 10/11/56.

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE:** 10-15-56

**23c. NAME OF CEMETERY OR CREMATORY:** St. Matthews Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Rowland-Aker, 4104 Manchester ave

**25. DATE RECD. BY LOCAL REG.:** OCT 15 1956

**26. REGISTRAR'S SIGNATURE:** Carl Smith Jr. M.D.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hadley F. Kueller Jr

Licensed Embalmer No. 49

P. O. Address St Lau

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.