

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44394**
Registrar's No. **3074**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 3074		
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) Lemay		c. LENGTH OF STAY (in this place) 10 years		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 113 E. Felton ave.				e. STREET ADDRESS (If rural, give location) 113 E. Felton ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle) ---		c. (Last) Seibel		4. DATE OF DEATH (Month) (Day) (Year) December 26, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 12, 1872		9. AGE (In years last birthday) 84	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 Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Schneppe			13b. MOTHER'S MAIDEN NAME Sophie Kuehn		14. NAME OF HUSBAND OR WIFE Alexander			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Martin 113 E. Felton Lemay, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilation of heart						INTERVAL BETWEEN ONSET AND DEATH 1/2 hr	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardiac-muscular renal disease						several yrs	
	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 442X						20. AUTOPSY? YES <input 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) (Min.)		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 12-1-1956 , to 12-26-1956 , that I last saw the deceased alive on 12/26 , 19 56 , and that death occurred at 11:30 pm. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Lillian D. Greubler M.D.				23b. ADDRESS 752 Lecuyer Ferry Rd		23c. DATE SIGNED 12/28/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road Lemay, Mo.			
DATE REC'D BY LOCAL REG. 12-28-56		REGISTRAR'S SIGNATURE Hebecht R. Somke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7811 S. Broadway		

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

No Hours Thurs
12 Noon Fri

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 *Rice E. Branson*

Licensed Embalmer No. *470*

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.