

FILED MAY - 8 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER 3953

Registration District No. 318 Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION DePaul Hospital		Length of stay in lb. 10 days	
STREET ADDRESS 09 81		(If outside, give location) 1621a McLaran	

3. NAME OF DECEASED (Type or print) First MIDDLE Last NELLIE CORNELIA SEEGER			4. DATE OF DEATH Month Day Year 4 24 1957		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME George Kuhlman	14. MOTHER'S MAIDEN NAME Louisa Deer
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Martin J. Seeger, 1621a McLaran
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18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> <i>Carcinoma Breast</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 170x		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *Jan. 1954* to *April 24, 1957* and last saw her alive on *April 24, 1957*  
Death occurred at *7 p.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>N. J. Honick MD</i>	(Degree or title)	22b. ADDRESS <i>8902 Riverview Blvd</i>	22c. DATE SIGNED <i>4-25-57</i>
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23a. BURIAL, CREMATION REMOVAL (Specify) cremation	23b. DATE 4-26-57	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 25 '57	26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Health Service  
 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.  
 Securing the medical certification in the specific manner required by R.S. 40 MO. Sec. 194.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300  
1-56

178  
Box: - 1-2989.  
Rec: #8567 Park Land  
Co: - 1-8830

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 *Clarence H. Murray*.....

Licensed Embalmer No. *46*.....

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.