

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15269

FILED APR 18 1957

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State File No. _____
Registrar's No. 2493

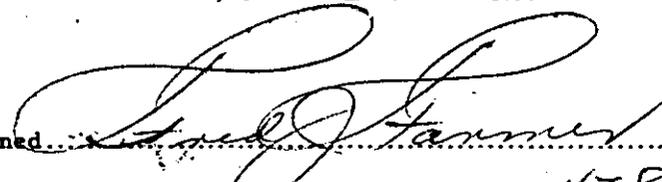
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Tuscumbia</u>		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 <u>Deaconess Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILMA</u>		b. (Middle) <u>BRIDGET</u>		c. (Last) <u>SEELEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 10, 1887</u>	
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR <u>3</u> MONTHS <u>1</u> DAY <u>1</u> HOUR <u>_____</u> MIN. <u>_____</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Nally Mooney</u>	
13c. NAME OF HUSBAND OR WIFE <u>Gene Seeley</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>488-10-5259</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Nell Vogel, 6306 Alamo</u>	
17. ADDRESS _____		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emboli</u>		INTERVAL BETWEEN ONSET AND DEATH _____		II. OTHER SIGNIFICANT CONDITIONS (b) <u>Thrombophlebitis</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (c) <u>Fracture of Left Hip</u>		DUE TO (d) <u>Accident</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (e) _____		Conditions contributing to the death but not related to the disease or condition causing death. <u>Shuffled when deceased fell from edge of daughter's car</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Alamo Clayton Mo. about 630pm</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clayton Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Jan 25 57 6p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>11 E904.0</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 Pm.</u> , from the causes and on the date stated above.		23. SIGNATURE <u>Patrick F. Taylor Coroner</u> (Degree or title?)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>3.13.57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 14, '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>		25. ADDRESS <u>6633 Clayton Rd.</u>		DATE REC'D BY LOCAL REG. <u>MAR 13 57</u>	

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..... 

Licensed Embalmer No. 4788

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.