

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023735

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5923

300
1-57
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony Hospital		Length of stay in lb 10-29	d. STREET ADDRESS 6119 Wanda (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edna Middle H Last Sedlacek			4. DATE OF DEATH Month June Day 6 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1898	9. AGE (In years last birthday) 59	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) clerk		10b. KIND OF BUSINESS OR INDUSTRY City Hospital	11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Hintze		13b. MOTHER'S MAIDEN NAME Emma Wiechmann		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no/unknown) (If yes, give war or dates of service) no/unknown		16. SOCIAL SECURITY NO. 490-12-7120	17. INFORMANT Elsa Suess Address 6119 Wanda		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinoma DUE TO (b) Carcinoma of Uterus DUE TO (c) 174x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 18 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition secondary to Carcinoma					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY STATE		
21. I attended the deceased from 8-23-57 to 6-6-58 and last saw her alive on 6-6-58 Death occurred at 9:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. A. Rester MD (Name or title)			22b. ADDRESS 5600 S Compton		22c. DATE SIGNED 6-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/10/58	23c. NAME OF CEMETERY OR CREMATORY N St Marcus Cem.		23d. LOCATION (City, town, or country) (State) St Louis Mo.
24. FUNERAL DIRECTOR J L Ziegenhein & Sons ADDRESS 7027 Gravois			25. DATE RECD. BY LOCAL REG. JUN 9 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. J.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *C. P. Kidwell*

Licensed Embalmer No. *3877*
P. O. Address *7027 Graves*

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.