

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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louise City Hospital		d. STREET ADDRESS (If outside, give location) 108 N. Kingshighway	

3. NAME OF DECEASED (Type or print) First Middle Last Katherine Seidling (also known as) Katherine Houck			4. DATE OF DEATH Month Day Year November 27, 1960		
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 5/27/1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman		10b. KIND OF BUSINESS OR INDUSTRY Cosmetics	11. BIRTHPLACE (City and state or country) Sonora, Ky.	12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME James W. Bland		13b. MOTHER'S MAIDEN NAME Lovella Sullivan		14. NAME OF HUSBAND OR WIFE Herb Seidling	
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. 405-18-1924		17. INFORMANT James Houck, 108 N. Kingshighway	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage & advanced cirrhosis of liver, third stage</i>			
DUE TO (b) <i>suffered in fall in Room # 220 Ambassador Hotel on 11-20-60</i>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Accident 904.6-45</i>		PART III. deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>above</i>
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20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year <i>11 20 60</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Ambassador Hotel</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>Mo.</i>	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at *10:45 P.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Daniel E Taylor Corcoran</i>	(Degree or title)	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>11-28-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>11-29-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Local Cemetery</i>	23d. LOCATION (City, town, or county) <i>Sonora, Ky.</i>	(State)
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24. FUNERAL DIRECTOR <i>Albert H. Hoppe, Inc., 4700 Washington Blvd.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>NOV 28 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. A. Ripon

Licensed Embalmer No. 419
P. O. Address St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.