

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044856

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11314 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED NOV 30 1962**

1. PLACE OF DEATH  
 a. COUNTY Saint Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis Length of stay in lb Days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Saint Louis  
 c. CITY OR TOWN Saint Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 5511 Nottingham Ave Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First A/K/A Hubert M Seiling Last Hubert Matthew Seiling  
 4. DATE OF DEATH Month 11 Day 23 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9-25-1887 9. AGE (last birthday) 75  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Patternmaker  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) St. Charles, Missouri  
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph J Seiling 13b. MOTHER'S MAIDEN NAME Elizabeth Boschert  
 14. NAME OF HUSBAND OR WIFE Viola J Seiling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv)  
 17. INFORMANT Address Mrs Viola J Seiling 5511 Nottingham Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Failure Saint Louis 9, Mo. INTERVAL BETWEEN ONSET AND DEATH 3 Weeks  
 DUE TO (b) Acute Coronary Thrombosis 3 Weeks  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Rheumatic Heart Disease years  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour 5:05 PM Month, Day, Year 11/23/62  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Mo

21. I attended the deceased from 1955 to 11/23/62 and last saw him alive on 11/23/62  
 Death occurred at 5:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Haynes M.D. 22b. ADDRESS 3720 Washington Ave 22c. DATE SIGNED 11/23/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal 23b. DATE 11-26-1962 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo

24. PREPARED BY (Name and ADDRESS) Hoffmeister Colonial Mortuary 6464 Chippewa, St. Louis 9, Mo 25. DATE RECD. BY LOCAL REG. NOV 26 1962 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

**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 Levine C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.