

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28536
Registrar's No. 7002

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1397a Burd Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1397a Burd Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u>	b. (Middle) <u>Irene</u>	c. (Last) <u>Seim</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 20, 1894</u>	9. AGE (In years last birthday) <u>55</u>	10. MONTHS <u>5</u>	11. DAYS <u>17</u>	12. HOURS <u>9</u>	13. MIN. <u>2</u>
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Chesterfield, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>William Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Wildman</u>	14. NAME OF HUSBAND OR WIFE <u>Lester E. Seim</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lester E. Seim</u>	ADDRESS <u>1397a Burd Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr ago</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast & generalized metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>8-11-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>178X</u>
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22. I hereby certify that I attended the deceased from 8-1-1948 to 8-10-1949 (that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry W. Thelen M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>8-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bunker Hill, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>AUG 11 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	ADDRESS <u>1905 Union Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD via motor

Dr. H. W. Noller (1:30-4:30)
3720 Washington

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
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

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 this body is not embalmed, fact should be so stated above.