

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED NOV 25 1949

State File No. **39279**
9793
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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, write RURAL and give township) OR TOWN ST LOUIS 0		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL				d. STREET ADDRESS (If rural, give location) 17-1854 So 29th ST. 0			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First) ADELAIDE		b. (Middle) SEELY		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) NOV 12 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH AUG 27 - 1874		9. AGE (In years last birthday) 75		10. MONTHS 2		11. DAYS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) RED BUD ILL		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME GOTTFRIED KETTLER		13b. MOTHER'S MAIDEN NAME ESTER BRUNER		14. NAME OF HUSBAND OR WIFE GUY SEELY (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Felia P Seely ADDRESS 1854 So 39th St.			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease				INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis				no. of yrs. no. of yrs.			
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 _____		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4301			
22. I hereby certify that I attended the deceased from Jan , 19 45 , to Nov 12, 1949 , that I last saw the deceased alive on 11-13 , 19 49 , and that death occurred at 2 P m. , from the causes and on the date stated above.							
23a. SIGNATURE P.D. Stehle M.D. (Degree or title)				23b. ADDRESS 462 N. Taylor		23c. DATE SIGNED 11-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL - MOTOR		24b. DATE Nov-14-1949		24c. NAME OF CEMETERY OR CREMATORY NEW CITY CEMETERY		24d. LOCATION (City, town, or county) (State) RED BUD ILL.	
DATE REC'D BY LOCAL REG. NOV 14 1949		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert ADDRESS 1905 So Grand			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 9 1956

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 Ronald O. Yalake

Licensed Embalmer No. 3917

P. O. Address St Louis Mo

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.