

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22002**
Registrar's No. **5343**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5343	
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 town) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		217	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 17 1854 So. 39th ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) FERRIS		b. (Middle) PARKER		c. (Last) SEELY	
4. DATE OF DEATH		(Month) 6		(Day) 18		(Year) 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED		8. DATE OF BIRTH AUG 22 1895	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIVATE SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY NEWS PAPER INDUSTRY RED BUD ILL.		11. BIRTHPLACE (State or foreign country) IL	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME GUY SEELY		13b. MOTHER'S MAIDEN NAME ELIZABETH KETTLER		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME YRE OTTO W. SCHAUB 5383 GLADSTONE PL NORMANDY			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung 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. Generalized Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 54.50	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? 1/3X	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Feb 11, 1944 , to 6-18, 1950 that I last saw the deceased alive on 6-17, 1950 and that death occurred at 5 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Nehal S. Prud'homme		(Degree or title) _____		23b. ADDRESS 2739 N Grand		23c. DATE SIGNED 6-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 20-1950		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. JUN 19 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE Wm J Robert L. & Y. Co. 1905 So Grand Blvd ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 X Normandy file not finished

SEP 30 1955

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 Yahnke

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.