

STANDARD CERTIFICATE OF DEATH

1600

State File No.

10.48

FILED JAN 23 1951

REG. DIST. NO. 162

PRIMARY REG. DIST. NO. 5594

Registrar's No. 1

BIRTH NO. _____

1. PLACE OF DEATH
 a. COUNTY JEFFERSON
 b. CITY (If outside corporate limits, write RURAL and give township) RURAL-MERAMEC
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MO.
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS
 d. STREET ADDRESS (If rural, give location) 606 BELLERIVE BLVD.

3. NAME OF DECEASED
 a. (First) WILLIAM
 b. (Middle) _____
 c. (Last) SEILING

4. DATE OF DEATH (Month) (Day) (Year)
1 6 51

5. SEX MO
 6. COLOR OR RACE W
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
 8. DATE OF BIRTH 5/28/1864
 9. AGE (in years last birthday) 86 Months 7 Days 8
 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) FURNITURE MERCHANT STORE
 10b. KIND OF BUSINESS OR INDUSTRY FURNITURE INDUSTRY
 11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME AUGUST SEILING
 13b. MOTHER'S MAIDEN NAME ELISEBETH LEPPER
 14. NAME OF HUSBAND OR WIFE EMMA SIEKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME Brother Gerchal, Curks, Mo. ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) CHRONIC MYOCARDITIS
 DUE TO (c) GENERALISED ARTERIO

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS.

19a. DATE OF OPERATION _____
 19b. MAJOR FINDINGS OF OPERATION _____
 20. AUTOPSY? YES NO

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) _____
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 3/14, 1949, to 1/6, 1951, that I last saw the deceased alive on 1/6, 1951, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. J. ... (Degree or title) _____
 23b. ADDRESS 4323 ROLAND DRIVE
 23c. DATE SIGNED 1/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
 24b. DATE Jan 9, 1951
 24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery
 24d. LOCATION (City, town, or county) (State) McKenzie Rd St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. Jan. 13, 51
 REGISTRAR'S SIGNATURE Mrs. Ruth Jissa .438
 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial ADDRESS 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1951

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DATE RECEIVED 1-16-51
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 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 this body is not embalmed, fact should be so stated above.