

Dr Randall

13667

State File No. \_\_\_\_\_

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1951

No. 300  
10.48

923  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>	
c. LENGTH OF STAY (In this place) <u>68 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1020 Jefferson St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020 Jefferson St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Seiling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 10 1883</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>St Charles County</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Hoffman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Scheller</u>		14. NAME OF HUSBAND OR WIFE (Deceased) <u>Joseph Seiling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Tearle Gove Springfield Mo</u>	

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) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		DUE TO (c) <u>Hypertensive Heart Disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from Feb, 1950, to April 9, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr R. Randall, M.D.</u>		23b. ADDRESS <u>207 N. 5th St. St. Charles, Mo.</u>		23c. DATE SIGNED <u>April 24, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-24-51</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wickmann, Sam R. Charles, Mo.</u>	
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MAY 22 1951

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

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

*Arthur C. Bauer*

Licensed Embalmer No. \_\_\_\_\_

3155

P. O. Address \_\_\_\_\_

*St. Charles, 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.