

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

25585

State File No.

No. 300
10-48

FILED JUL 27 1951

BIRTH NO. 19062-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2934

1. PLACE OF DEATH a. COUNTY <u>St. Louis, 4032</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 5,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 5,</u> <u>4452</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res: 7414 Wydown Boulevard.</u>		d. STREET ADDRESS (If rural, give location) <u>7414 Wydown Boulevard.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NANCY</u>	b. (Middle) <u>JEAN</u>	c. (Last) <u>SEIDEL.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1951.</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>Infant.</u>	8. DATE OF BIRTH <u>March 8, 1951.</u>	9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>13</u> IF UNDER 12 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eugene J. Seidel.</u>	13b. MOTHER'S MAIDEN NAME <u>Berothy J. Waltke.</u>	14. NAME OF HUSBAND OR WIFE <u>.....</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. J. Seidel, 7414 Wydown Blv'd.,</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suburary Edema</u> ANTECEDENT CAUSES <u>Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Suppurated enlargement.</u> DUE TO (c) <u>Aspiration of Food.</u>		<u>Acute</u> <u>4+ and</u> <u>Acute</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9210</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 9, 1951 to July 22, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 12:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maurice Conway M.D.</u>	23b. ADDRESS <u>8225 Clayton Rd Clayton Mo</u>	23c. DATE SIGNED <u>7-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>entombment.</u>	24b. DATE <u>7/15/51.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum.</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Road.</u>
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DATE REC'D BY LOCAL REG. <u>7-23-51</u>	REGISTRAR'S SIGNATURE <u>Richard R. Lunde M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blv'd.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 15 1958

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.