

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29130

State File No.

FILED SEP 15 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>0923</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u> <u>4161</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Johns</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>16 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>8836 St. Charles Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>A.</u> c. (Last) <u>Seithel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>	8. DATE OF BIRTH <u>Dec 26, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Coughlin</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Clancy</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Seithel</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Ellebracht</u> ADDRESS <u>8836 St. Chas. Rd</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</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) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 June, 1950, to Sept 8, 1952, that I last saw the deceased alive on 9/8/52, 1952, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul D. Hattard</u> (Degree or title)	23b. ADDRESS <u>10300 St. Charles Rd. 14</u>	23c. DATE SIGNED <u>9-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-52</u>	REGISTRAR'S SIGNATURE <u>Francis H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins General Home</u> ADDRESS <u>10123 St. Chas. Rd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Sheldon Collier

Licensed Embalmer No. *3382*

P. O. Address *70123 St. Charles*

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.