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FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3769

State File No.

1003

Registrar's No. 0405

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 1/2 hour | | d. STREET ADDRESS (If rural, give location) 4006a Shaw | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | e. COUNTY Mo | |

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|--|--------------------|-----------------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mary | b. (Middle) Louise | c. (Last) Siedler | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1953 |
|--|--------------------|-----------------------|----------------------|---|

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|-------------|-----------------------|---|-----------------------------------|---|----------------------------|---------------------------|----------------------------|----------------------------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 14, 1875 | 9. AGE (In years last birthday) 77 yrs | 10. UNDER 1 YEAR Months | 11. UNDER 24 HRS. Days | 12. UNDER 24 HRS. Hours | 13. UNDER 24 HRS. Mins. |
|-------------|-----------------------|---|-----------------------------------|---|----------------------------|---------------------------|----------------------------|----------------------------|

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|--|---|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Bunkerhill, Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Nohl | 13b. MOTHER'S MAIDEN NAME Louise (NMI) | 14. NAME OF HUSBAND OR WIFE Joseph W. Seidler |
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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) None | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Joseph W Siedler | ADDRESS 4006a Shaw |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Suddenly</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Coronary Disease</u> | | |
| | DUE TO (c) <u>Chronic Heart Disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u> | | | |

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| 19a. DATE OF OPERATION <u>no</u> | 19b. MAJOR FINDINGS OF OPERATION <u>no</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> |
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|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u> |
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22. I hereby certify that I attended the deceased from 8/3 1952 to 1/13, 1953, that I last saw the deceased alive on 1/12, 1953 and that death occurred at 4:2 m., from the causes and on the date stated above.

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|--|--------------------------------|--|------------------------------------|
| 23a. SIGNATURE <u>Preston C. Hall</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>39024 Lafayette</u> | 23c. DATE SIGNED <u>1/14/53</u> |
|--|--------------------------------|--|------------------------------------|

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|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Jan. 15, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. JAN 14 1953 | REGISTRAR'S SIGNATURE <u>J. C. Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Alexander & Sons</u> | ADDRESS <u>6125 Delmar</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dr. Reardon Hall
3900 Lafayette
Rm 8074
12-12:30 Wed

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

Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmon

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.