

FILED OCT 8 - 1955

STANDARD CERTIFICATE OF DEATH 41

State File No. 31770

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2137

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. Louis b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Lemay 488 P	
c. LENGTH OF STAY (in this place) 9 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			
STREET ADDRESS (If rural, give location) 1034 Van Nostrand			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Albert	b. (Middle) F.	c. (Last) Seelig Sr.	9-12-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1881		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Holland		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Seelig		13b. MOTHER'S MAIDEN NAME Clara (Unknown)		14. NAME OF HUSBAND OR WIFE Lucille	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 487-18-4573A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Seelig 1034 Van Nostrand, Lemay, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM		ANTECEDENT CAUSES DUE TO (b) Iliac VEIN THROMBOSIS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) SUBCAPITAL Fx, RT. FEMUR			
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 466 X F			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **9-2-**, 19**55**, to **9-12-**, 19**55**, that I last saw the deceased alive on **9-12**, 19**55**, and that death occurred at **4:15A** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Doubek		(Degree or title) M.D.		23b. ADDRESS 6015 Briestwood Clayton, Mo		23c. DATE SIGNED 9-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Sept. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		24d. LOCATION (City, town, or county) (State) Caledonia, Missouri	

DATE REC'D BY LOCAL REG. 9-13-55		REGISTRAR'S SIGNATURE Herbert R. Dombke MD.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway St. Louis, Mo.	
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S.G. (Licensed Embalmer's Statement on Reverse Side)

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

MS AUG 21 1937

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.....
Signature of Student Embalmer

Signed.....

Harry J. Schumacher
Licensed Embalmer No. 267

P. O. Address 7714 S. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.