

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35154

State File No. \_\_\_\_\_  
Registrar's No. 8988

FILED OCT 27 1955

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY OR TOWN <u>VELDA VILLAGE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEPAUL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>6918 Leedale</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u> b. (Middle) <u>MARIE</u> c. (Last) <u>SEITHEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1955</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 25, 1910</u>		9. AGE (In years last birthday) <u>45</u>	# UNDER 1 YEAR Months _____	# UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMPTOMETER OPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRESS MFG. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>BENJAMAN K. RAGSDALE</u>		13b. MOTHER'S MAIDEN NAME <u>LULU MAE ALBAUGH</u>		14. NAME OF HUSBAND OR WIFE <u>BERNARD SEITHEL</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. <u>490-12-7955</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BERNARD SEITHEL</u> ADDRESS <u>6918 Leedale</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>Carcinoma of Thyroid with Metastases to lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Effusion</u> DUE TO (c) <u>Melanin</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>194x</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Thyroid</u>				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, other building, 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 <u>11/30, 1953</u> , to <u>10/13, 1955</u> , that I last saw the deceased alive on <u>10/13, 1955</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>White Moore</u> (Degree or title) _____				23b. ADDRESS <u>7315 Pasadena Blvd</u>		23c. DATE SIGNED <u>10/14/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Oct. 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 15 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen + Kelly 2267 NATURAL BRIDGE</u>				

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.....  
Signature of Student Embalmer

Signed.....  
*James A. Lumme*

Licensed Embalmer No. *414*

P. O. Address *St. Louis*

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.