

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9769

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (In this place) 12 yrs.		c. CITY OR TOWN St. Charles 0925		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: 300 N. Benton Ave				e. STREET ADDRESS (If rural, give location) 300 North Benton Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie			b. (Middle) F.		c. (Last) Seigler		4. DATE OF DEATH (Month) (Day) (Year) March 6, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1870		9. AGE (In years last birthday) 87	10. MONTHS 2	11. YEARS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Moslander		13b. MOTHER'S MAIDEN NAME Martha Fields		14. NAME OF HUSBAND OR WIFE T. R. Seigler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Seigler, Black Walnut, Mo.			
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) <i>Hypertensive Cardiac-vascular Disease</i>  ANTECEDENT CAUSES DUE TO (b) <i>Hypertensive cerebral arteriosclerosis</i> DUE TO (c) <i>Atherosclerosis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		443X	
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 July, 1943, to March 6, 1957, that I last saw the deceased alive on March 6, 1957, and that death occurred at 12:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm. A. Seigler, M.D.</i>				23b. ADDRESS <i>St. Charles, Mo.</i>		23c. DATE SIGNED MAR. 8 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		
DATE REC'D BY LOCAL REG. Mar 8-57		REGISTRAR'S SIGNATURE <i>Nazel Lawler</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>B. C. Dalbey, 1001 St. Charles, Mo.</i>		

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

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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.....  
*Paul C. Rowland*

Licensed Embalmer No. 483

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