

S. No. 300  
EV. 10.48

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38619  
State File No. 2423  
Registrar's No. 2423

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Richmond Heights</b>		c. LENGTH OF STAY (In this place) <b>1 wk.</b>	c. CITY OR TOWN <b>Clayton</b> <b>4462</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6501 Clayton Rd.</b>	

3. NAME OF DECEASED (Type or Print) <b>BROTHER JOEL ADRIAN SEILER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 6 1916</b>
9. AGE (In years, last birthday) <b>41</b>		10. MONTH <b>9</b>	11. DAY <b>24</b>
10a. USUAL OCCUPATION (Give kind of work) <b>Christian Brother</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.B.C. College</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Ill.</b>
12. CITIZENRY OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Peter A. Seiler</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Kiefer</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bro. Chement</b> ADDRESS <b>6501 Clayton Rd.</b>

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) <b>Pulmonary Infection</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>Yes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Fibrosis</b>		
	DUE TO (c) <b>Circulatory Failure</b>		
11. 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? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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) <b>525X</b>

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?
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22. I hereby certify that I attended the deceased from **1956** to **Sept 30, 1957**, that I last saw the deceased alive on **Sept 7d**, 19**57**, and that death occurred at **1:58 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R Donke MD</b> (Degree or title)	23b. ADDRESS <b>4661 Luedell</b>	23c. DATE SIGNED <b>11/1/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 2 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Christian Bros. Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Glencoe, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>10-1-57</b>	REGISTRAR'S SIGNATURE <b>Herbert R Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. H. Bocklage</b> ADDRESS <b>6536 Clayton Rd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *J. W. B. Embler*.....  
Licensed Embalmer No. *3652*  
P. O. Address *St. James*.....

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.