

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041487

FILED VS DEC 15 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 462

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	a. STATE Mo.	b. COUNTY Mo.	b. COUNTY Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins	Length of stay in 1b 6 mo.	c. CITY OR TOWN St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benham Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2822 Osage	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last LULA BELLE SEIGENTHALER	Month Day Year Dec. 5 1959

5. SEX fem	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-13-88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Reynolds County Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Theodore Lewis	13b. MOTHER'S MAIDEN NAME Mary Jane Black	14. NAME OF HUSBAND OR WIFE Chris Seigenthaler
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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) no	16. SOCIAL SECURITY NO. 493-03-9479 D	17. INFORMANT Address Adolph Seigenthaler 2822 Osage St. Louis Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Circulatory Failure		1 hr.
DUE TO (b) Cerebral Anoxia		6 hr.
DUE TO (c) Cerebral Hemorrhage		9 days
DUE TO (c) Arteriosclerosis		10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from **5-25-59** to **12-5-59** and last saw her ^{him} alive on **12-4-59**
Death occurred at **7:30 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. W. Morris M.D.	22b. ADDRESS 210 W Main, Flat River Mo.	22c. DATE SIGNED 12-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-8-59	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park Ironton Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. Arvid F. White	25. DATE RECD. BY LOCAL REG. Dec. 7, 1959	26. REGISTRAR'S SIGNATURE Ester Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 1958

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 Rueley White

Licensed Embalmer No. 3012

P. O. Address Proctorville, Ohio

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.