

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

4678
Do not use this space.

1371

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City ^{or} St. Louis, (d) Street No. 5467 Delmar Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary C. Selkirk.

(a) Residence, No. 5467 Delmar Blvd. St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin J. Selkirk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. Unk. 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 Unk. Unk.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Robert McLaughlin. 0
14. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY)

17. INFORMANT Kathryn L. Selkirk. (ADDRESS) 5467 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 13, 39.

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED FEB 12 1939 J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6/39, 19... to Feb 11/39, 19...
I last saw her alive on Feb 11/1939. Death is said to have occurred on the date stated above, at 100 P.M.
The principal cause of death and related causes of importance were as follows:

La Grippe
arthritis
Streptococci infection throat
20 days.
Date of onset Jan 6/39
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Death to Parsons! M. D.
(Address) 608 - Wall Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wm. B. B. B.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Stanley Marchlew*.....
Licensed Embalmer No. *2868*.....
P. O. Address *3840 Kew Dr*.....

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 this body is not embalmed, above space should be left blank.