

No. 2
-13-40
-17-39
X 23159

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 WKS.**
(Specify whether _____)
In this community _____
years, months or days) **1**

3. (a) PRINT FULL NAME **Ellen L. Sell**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **NO**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Cyrus Sell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 23, 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Jonesburg, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm. H. Finney**

13. Birthplace _____ **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Camp**
(City, town, or county) (State or foreign country)

15. Birthplace _____ **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard Sell**

(b) Address **3504 Cambridge**

17. (a) **Burial** (b) Date thereof **12-31-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **DEC 31 1940** (b) **J. W. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL") **NR**
(d) Street No. **3504 Cambridge**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**
year **1940** hour **8** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Nov 16th**
1940 to **Dec 28th** **1940**
that I last saw her alive on **Dec 28th** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal tuberculous following removal of carcinoma of transverse colon by resection**
Due to _____
Due to _____

Duration

6 weeks

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **carcinoma of transverse colon.**
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. W. Brudeck** (M. D. or other) **MD**
Address **3504 Cambridge** Date signed **12/30/40**

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

MOTHER FATHER

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.....

J. H. Burgess

Licensed Embalmer No.....

4029

P. O. Address:.....

Maplewood

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, fact should be so stated above.