16941
V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27074

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7677

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 23 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 Russell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose Sellman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Sellman

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 4 (Month) 5 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	20	hr. min.

9. Birthplace Marshall Ill (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name Jim Coty
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lity Reed
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward Sellman
(b) Address 1801 Russell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) AUG 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25, year 1943 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from August 14, 1943, to August 25, 1943 that I last saw her alive on August 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory and Respiratory failure.	1 day
Due to: Rheumatic Heart Disease with auricular fibillation.	10 days +
Due to:	
Other conditions (Include pregnancy within 3 months of death): Encephalomalacia, Diabetes mellitus.	? months

Major findings:
Of operations
Of autopsy Encephalomalacia, mural thrombi in left auricle.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert E. Holt, M.D. (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 8/26/43

(Licensed Embalmer's Statement on Reverse Side)

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.