

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bellefontaine  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Schoettler Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community 63 years  
years, months or days

3. (a) PRINT FULL NAME George H. Sellenriek,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Mary Bauer Sellenriek

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 10, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 2  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer,

11. Industry or business Own farm

12. Name William Sellenriek,

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Schoettler,

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Sellenriek,

(b) Address Chesterfield, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11/15/43  
(Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefontaine

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) NOV 16 1943 (b) E. J. Mc Lavran, M.D.  
(Date received local filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Bellefontaine,  
(If outside city or town limits, write "RURAL")

(d) Street No. Schoettler Rd.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-4, 1943, to 11-12, 1943  
that I last saw him alive on 11-11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arterio sclerosis & hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. W. Mc Lavran, M.D.  
Address 340 Bermuda Ave Date signed 11-17-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAY 29 1966

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**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 Theo. Schrader  
Licensed Embalmer No. 3066  
P. O. Address Ballwin, Mo.

**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.**