

S. No. 2
 UM-5-43
 v. 5-17-39
 I X36671

State File No.

FILED MAR 1 1944
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1731

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

1. PLACE OF DEATH:

(a) County..... St. Louis
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3 weeks
(Specify whether
 In this community..... 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3318 Iowa
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Selle, Wilhelmina
 3. (b) If veteran, name war..... No. 3. (c) Social Security No.....
 4. Sex ~~Male~~ Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 7 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1944 hour 5 minute 00 M.
 21. I hereby certify that I attended the deceased from 31, 1944, to February 20, 1944
 that I last saw her alive on February 20, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	84	7	13	hr. min.

Immediate cause of death
 Carcinoma of abdominal cavity
 Due to Carcinoma of ovary
 Primary site ovary
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Carcinoma of abd. cavity
 Of operations
 Of autopsy None

9. Birthplace Minden Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home
 11. Industry or business
 12. Name Fred Wiese
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Wilhelmina Wesemann
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Oliver Selle
 (b) Address 848 So. Meramec, Clayton, Mo.
 17. (a) Burial (b) Date thereof Feb. 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery
 18. (a) Signature of funeral director Beiderwieden F.H., Inc.
 (b) Address 1936 St. Louis Ave.
 19. (a) FEB 22 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)
 Address 3657 Grand Bl. E. Date signed 2/21/44

APR 21 1947

Dr. T. H. Hansen
3651 Grand St. S.W.
1st Floor - 2

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.