

FILED JUL 26 1944

318

Registration District No.

1003

Registrar's No.

6346

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
 (c) City or town..... Saint Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3127 Locust Street.
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Fritz William Selleck
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Unknown
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
About 74 hr. min.

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

10. Usual occupation Clerk

11. Industry or business.....

12. Name William Selleck
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lyle Selleck
 (b) Address City Falls Iowa.

17. (a) Burial (b) Date thereof July 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director J. Z. Braddock
 (b) Address 6409 Gravois Ave.

19. (a) J. Z. Braddock (b) July 18 1944
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th,
 year 1944. hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10, 1944 to July 16, 1944
 that I last saw h. alive on July 16, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death degenerative heart muscle disease
chronic myocarditis

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
 Of operations.....
 Of autopsy.....

Duration.....
 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)
 (c) Means of injury.....
 24. Signature J. Z. Braddock (M. D. or other).....
 Date signed July 18 1944

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.....

Howard P. Newland

Licensed Embalmer No. *3114*

P. O. Address *Othello, 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.