

S. No. 2
DM-2-43
v. 5-17-39
I X33697

11771

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3648

FILED MAY 3 1945
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County xx St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Deaconess
(d) Length of stay: 2 days
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town xx St Louis
(d) Street No. 4211 A. Arco
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Thomas Vernon Sellers
(b) If veteran, name war none
(c) Social Security 487-07-3951

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22nd
year 1945 hour 8 minute 30 AM
21. I hereby certify that I attended the deceased from April 21
1945 to April 22 1945
that I last saw h. 117 alive on April 22 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy Sellers
6. (c) Age of husband or wife if alive 35 years

Immediate cause of death Generalized Peritonitis
(2) Ruptured Gastric Ulcer
Due to _____
Due to _____
Other conditions _____
Major findings: Ruptured Ulcer
of Stomach
Generalized Peritonitis

7. Birth date of deceased: June 2nd 1900
(Month) (Day) (Year)
8. AGE: Years 44 Months 10 Days 20
If less than one day _____ hr. _____ min.

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

9. Birthplace Rollo, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Bench Molder
11. Industry or business National Bearing Co.

MOTHER FATHER
12. Name George Sellers
13. Birthplace Rollo Mo.
14. Maiden name Cora Riss
15. Birthplace Rollo Mo.

16. (a) Informant Dorothy Sellers
(b) Address 4211 A Arco St Louis, Mo.
17. (a) removal (b) Date thereof 4/23/45
(c) Place: burial or cremation Collinsville, Ills.
18. (a) Signature of funeral director Geo M. Schaeppel
(b) Address Collinsville, Ills.
19. (a) APR 24 1945 (b) J. F. Bredek
(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? _____
(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. M. Webb (M, D, or other) MD
Address 45019 Manchester Date signed 4-24-45

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

Geo. M. Aliseppel

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.,

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.