S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36251

Registrar's No. 9294

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 0
Marion Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1722 Tower Grove 0
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Sellers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Wm. Henry Sellers, Dec.

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

7. Birth date of deceased April (Month) 16 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	19	hr. min.

9. Birthplace Dent Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ranson Copeland 0
13. Birthplace Dent Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Simms 0
15. Birthplace Dent Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jake Sellers
(b) Address 3830 Park Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dillon, Mo.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) OCT 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1947 hour 11: minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-4, 1947, to 10-5, 1947; that I last saw her alive on 10-5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis — Duration ?

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 0

23. Signature O. S. Jones (M. D. or other) MD

Address 3616 S. Bwdy Date signed 10-7-47

(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. Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6675 Delmar

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.