

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33845**
Registrar's No. **338**

FILED NOV 3 1948
Registration District No. **316**

Primary Registration District No. **3060**

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 Patterson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 217 Patterson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Serofina Witte Selzer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month October 25
year 1948 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from 10-4 1948 to 10-25 1948.
that I last saw her alive on 10-24 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Brain -
Duration 6 da.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Peter Selzer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 9 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 16
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Witte
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Justine Kroll
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.C. Revoir

(b) Address Farmington, Mo

17. (a) burial (b) Date thereof 10/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Farmington, Mo

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo

19. (a) 10-29-48 (b) Cliff Redloff
(Date received local registrar) (Registrar's signature)

Due to Advanced Arteriosclerosis - 6 yrs.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Dr. Geo. K. Watkins (M. D. or other) _____
Address Farmington, Mo. Date signed 10-27-48

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

MOTHER FATHER

REVISED

Examiner Officer No. 4
District Office Number 1148-1350
Date Filed 11-1-48

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 Paul K. Dugal
Licensed Embalmer No. 4120
P. O. Address Leavenworth 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.