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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41832

Registrar's No. 11260

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6254 Enright Ave.
(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 Mo. (b) County Ord 17

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 6254 Enright Ave. 0
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCILLE D. SELLARS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy R.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sep't. (Month) 11 (Day) 1895 (Year)

8. AGE: Years 53 Months 3 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Charles J. Almstedt Sr.
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Dwyer
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Roy R. Sellars
(b) Address 6254 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 29 (Day) 48 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 28 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1948 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Oct 7, 1948 to Dec 26, 1948 that I last saw her alive on Dec 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Carcinomatosis

Due to Carcinoma Urinary Bladder

Due to

Other conditions (Include pregnancy within 3 months of death) 5

Major findings: Of operations Biopsy — showed Carcinoma Urinary Bladder

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Elmer E. Sif (M. D. or other)

Address Paul Brown Bldg. Date signed Dec 28 1948

(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 Richard N. Stoversand

Licensed Embalmer No. 4007

P. O. Address.....

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.