

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25270

State File No. ....

FILED AUG 14 1950

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. Registrar's No. 6637

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5398 PERSHING AVE		c. CITY (If outside corporate limits, write RURAL and give township) 12 TOWN ST. LOUIS 2129	
d. STREET ADDRESS 5398 PERSHING AVE.		e. STREET ADDRESS 0	
3. NAME OF DECEASED a. (First) MORRIS (Type or Print)		b. (Middle) WILLIAM	
c. (Last) SELLERS.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1950	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1866
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; (Furniture & Drapes)		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Corp	11. BIRTHPLACE (State or foreign country) Rockchester, Indiana /
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Samuel Sellers		13b. MOTHER'S MAIDEN NAME Sarah Cannon.	
14. NAME OF HUSBAND OR WIFE Augusta Sellers.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Augusta Sellers		ADDRESS 5398 Pershing	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction,  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis of coronary arteries DUE TO (c) arteriosclerosis, general  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. aneurysm of abdominal aorta due to arteriosclerosis.	
INTERVAL BETWEEN ONSET AND DEATH 1 hour		Several months to 2 years ?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE None (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis — Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from Jan - 1946, to 8/21, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 7 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Joseph C. Edwards (Degree or title)		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 8/3/50			
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 8-4-1950	
24c. NAME OF CEMETERY OR CREMATORY. New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 3 1950		REGISTRAR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.,	

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence A. Murray*

Licensed Embalmer No.

*4011*

P. O. Address

*St. Louis, 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.