

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15449**
Registrar's No. **3982**

FILED MAY 14 1953
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 5400 Arsenal Street, St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		13 13	
3. NAME OF DECEASED (Type or Print) a. (First) Selma b. (Middle) Bartholomew c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH Sept. 30, 1898
9. AGE (In years last birthday) 54		# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo U
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Henry Kirk Ames	
13b. MOTHER'S MAIDEN NAME Kathrina Surkamp		14. NAME OF HUSBAND OR WIFE Henry Bartholomew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME Mr. Dalton		ADDRESS 2331 Mullaughy	

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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sev. mos.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis		(b) Broncho-pneumonia			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) Arteriosclerotic heart disease			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200.	

22. I hereby certify that I attended the deceased from 2-2-53, 19__, to 4-9-__, 19 53, that I last saw the deceased alive on 4-9-53, 19__, and that death occurred at 11:30a. yr., from the causes and on the date stated above.

23a. SIGNATURE <i>John H. ...</i>		23b. ADDRESS 5400 Arsenal Street		23c. DATE SIGNED 4-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 17-53		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
24d. LOCATION (City, town, or county) (State) ST LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ed Bullen Kelly</i>		ADDRESS 4386 Lindell	
DATE REC'D BY LOCAL REG. APR 17 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Stu
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ray W. Henson
Licensed Embalmer No. 3791

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.