

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39265**
-2-
Registrar's No. **2658**

BIRTH NO.		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 590		Registrar's No. 2658			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. LENGTH OF STAY (In this place) 1 year		c. CITY OR TOWN Florissant 405		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 440 No. Florissant				e. STREET ADDRESS (If rural, give location) 440 No. Florissant					
3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Anna c. (Last) Selzer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1955						
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1916		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Arthur Wills		13b. MOTHER'S MAIDEN NAME Florence McCaffrey		14. NAME OF HUSBAND OR WIFE Charles A. Selzer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 488-10-4377		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Charles A. Selzer ant, 440 N. Florissant					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease				INTERVAL BETWEEN ONSET AND DEATH 1 year					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES = aortic Valvulitis-inactive					
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 46X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 6-14 , 19 55 , to 11-11 , 19 55 , that I last saw the deceased alive on 10-8 , 19 55 , and that death occurred at 11:25 AM. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title?) Ben Huggins, M.D.				23b. ADDRESS 734 No. Theater Bldg.		23c. DATE SIGNED 11-12-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart		24d. LOCATION (City, town, or county) (State) Florissant, Mo.				
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE Richard S. Amberg, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gene Ditchens		ADDRESS Florissant, Mo			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene A. Sutchens*.....

Licensed Embalmer No. *49*.....

P. O. Address *Flouris*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.