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S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22122**

FILED JUL 9 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5956**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Moline</b> <b>4130</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>9705 Ventura Drive</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Loretta</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Sellers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 22, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b>	8. DATE OF BIRTH <b>February 10, 1920</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead Girl</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Vickers Electric Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin Gilley</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Bolan</b>	14. NAME OF HUSBAND OR WIFE <b>William C. Sellers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. William C. Sellers</b>	ADDRESS <b>9705 Ventura Drive</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Pulmonary fibrosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (a) **Chylothorax and subsequent surgical repair**  
DUE TO (b) **Chylothorax + subsequent surgical repair of thoracic duct**  
DUE TO (c) **of thoracic duct**

19a. DATE OF OPERATION <b>1954</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ruptured and leaking thoracic duct</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a. or, in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-22-56</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>6-29-53 6-22-56</b>
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22. I hereby certify that I attended the deceased from **June 29, 1953**, to **June 22, 1956**, that I last saw the deceased alive on **June 22, 1956**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.C. Missey</b>	(Degree or title) <b>M.D. MD</b>	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>6/22/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-25-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Charles Borromeo Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 23 1956</b>	REGISTRAR'S SIGNATURE <b>Earl Smith - MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>	ADDRESS <b>2161 E. Fair Ave.</b>
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dcw (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Peary*

Licensed Embalmer No. 372

P. O. Address *W. L. ...*

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.