

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 799
CERTIFICATE OF DEATH**

Do not use this space.

18857

1. PLACE OF DEATH

County..... Saline

Registration District No. 6043

Township..... Clay

Primary Registration District No. 7777

City..... St. Louis (No.....)

File No.

Registered No. 17

St. Ward)

2. FULL NAME

Mary Clara Sellmeyer

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

George Sellmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 4 1849

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
77	6	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer..... —

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Warren Co. Mo.

10. NAME OF FATHER

Christian Trustadde

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT..... B. H. Sellmeyer

(Address) St. Louis, Mo.

15.

FILED..... H-4 Epifonio, Missouri

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1927

17.

I HEREBY CERTIFY, That I attended deceased from March 24, 1927, to March 30, 1927 that I last saw him alive on March 30, 1927, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sabripne

CONTRIBUTOR (SECONDARY)

11B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) W. H. S. M. D.

, 19 (Address) St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

All Saints Cemetery H. O. 1927

20. UNDERTAKER

ADDRESS

Jones & Sager St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1927

