

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St Louis (NO. Lutheran Hospital St. 19 Ward)Registration District No. 791File No. 4510Primary Registration District No. 1003Registered No. 1159

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Albert Selter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

WhiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)Single

DATE OF DEATH

Jan 28, 1911
(Month) (Day) (Year)

DATE OF BIRTH

Sept 4, 1853
(Month) (Day) (Year)

AGE

57 yrs. 4 mos. 24 ds.If LESS than
1 day, _____ hrs.
or _____ min.?I HEREBY CERTIFY, that I attended deceased from
Jan 26, 1911, to Jan 28, 1911,
that I last saw him alive on Jan 27, 1911,
and that death occurred, on the date stated above, at 42 m.

The CAUSE OF DEATH* was as follows:

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

Chair loaner. Lebar Pneumonia

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

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BIRTHPLACE

(City or town, State or foreign country)

Germany

NAME OF FATHER

Mrs SelterBIRTHPLACE OF FATHER
(City or town, State or foreign country)Germany

MAIDEN NAME OF MOTHER

Maria OsterBIRTHPLACE OF MOTHER
(City or town, State or foreign country)Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. Zykan
(ADDRESS) 2923 Virginia

Filed

1911W. Wheeler Bond
REGISTRAR

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. 6 ds.

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

William Weber M. D.Jan 28, 1911 (Address) 3621 S. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. 2 ds. In the State _____ yrs. _____ mos. _____ ds.Where was disease contracted 2819 Easton Ave
If not at place of death?Former or usual residence 2819 Easton Ave

PLACE OF BURIAL OR REMOVAL

St Petrus Cemetery Jan 30, 1911

DATE OF BURIAL

UNDERTAKER

Louis Spillman 1321 Franklin

ADDRESS

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.

