

UN 1

1927

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

Do not use this space.

13857

1. PLACE OF DEATH

County Saline  
Township Clay  
City Saline (No. \_\_\_\_\_)

Registration District No. 6043  
Primary Registration District No. 7047

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) Warren Co. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Christian Trustadde

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT B. H. Sellmeyer  
(Address) St. Louis, Mo.

15. FILED H-4 19 7 St. Louis, Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. 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 29, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sabrippe  
HB  
HB  
CONTRIBUTOR (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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. S. S. 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 St. Louis, Mo. DATE OF BURIAL 4.10.27

20. UNDERTAKER Jones & Sager ADDRESS 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.

