

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

Do not use this space.

22649

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. St. Ann Hosp.)

File No.....
Registered No. 6046 St. Ward)

2. FULL NAME Unnamed Sellenrich

(a) Residence. No. St. 6 Ward. Chesterfield Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1st 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 4 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Reinhold Sellenrich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Frieda Kuhlmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Reinhold Sellenrich
(Address) Chesterfield Mo.

15. FILED JUN -3 1929 Max C. Warkler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to June 1, 1929 that I last saw her alive on June 1, 1929, and that death occurred, on the date stated above, at June 1 1929 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: A One Corbuck
Nakrylay
Heart Lesion
157C
159 (duration) yrs. mos. ds.
CONTRIBUTORY Premature Birth
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161A
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? X
WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) Rose Missrie Rose, M. D.
6/1 1929 (Address) 5411 Easton Ave.

*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. Johns Cemetery DATE OF BURIAL 6-2 1929

20. UNDERTAKER Schrader Tind Co ADDRESS Ballwin

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.

WHILE IN PRINT, WITH CHANGING IMPRESSIONS IS A PERMANENT RECORD

SXII question
For. 0429