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

Do not use this space.

2400

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No.

Township St. Charles — Primary Registration District No. 5998 — Registered No. 116

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Karl Sellenschuetter,

(a) Residence. No. 1705 W. Tompkins St., St. West Highlands. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	- - -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
-	---	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work - - - -
(b) General nature of industry, business, or establishment in which employed (or employer) - - - -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 1705 W. Tompkins
(STATE OR COUNTRY) St. Charles, Mo.

PARENTS

10. NAME OF FATHER Julius Sellenschuetter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren Co.,
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Susie Matejka
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Al. L. Matejka,
(Address) 1201 Locust St, St. Charles

15. FILED 1/3, 1930 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 3, 1929 that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Heart Disease
157C (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 1578 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) [signature], M. D.
3-3, 1930 (Address) St Charles 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
Oak Grove Cemetery	Jan. 4, 1930.
20. UNDERTAKER	ADDRESS
Steinbrinker Furn. Co	St. Charles, Mo.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.