

15-221

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

Do not use this space.

8684

File No. 1269  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 000  
Township New Primary Registration District No. 0003  
City St. Louis, Mo. (No. 3011 Euclid) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Amenda Jane Selm  
(a) Residence, No. 3011 Euclid Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Widowed</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Nov - 8 - 1868</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
<u>63</u>	<u>4</u>	<u>18</u>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Neof 235</u>		
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>		
<b>10. Date deceased last worked at this occupation (month and year)</b>		
<b>11. Total time (years) spent in this occupation</b>		
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Henry Co Mo</u>		
<b>13. NAME</b> <u>Adam Eli</u>		
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>		
<b>15. MAIDEN NAME</b> <u>Betty</u>		
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>		
<b>17. INFORMANT (ADDRESS)</b> <u>Meredith Selm</u> <u>3011 Euclid</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
<b>PLACE</b>	<b>DATE</b>	
<u>Wicks Mo</u>	<u>3027-32</u>	
<b>19. UNDERTAKER (ADDRESS)</b> <u>O. V. Mast Funeral Home</u> <u>3146 main st</u>		
<b>20. FILED</b> <u>3/26 1932</u> <u>M. Crow</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 3-26-1932

**22. I HEREBY CERTIFY**, that I attended deceased from Dec to March 25, 1932  
I last saw h. alive on March 25, 1932 Death is said to have occurred on the date stated above, at 4:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Adverse Circumstances  
466 (Generalized)  
(Primary Growth in Stomach)  
Other contributory causes of importance:  
0466

**Name of operation** \_\_\_\_\_ **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** Deaf **Was there an autopsy?** \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
**Accident, suicide, or homicide?** \_\_\_\_\_ **Date of injury** \_\_\_\_\_, 19\_\_\_\_  
**Where did injury occur?** \_\_\_\_\_  
(Specify city or town, county, and State)  
**Specify whether injury occurred in industry, in home, or in public place.**

**Manner of injury** \_\_\_\_\_  
**Nature of injury** \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John Powers, M. D.  
(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.

THIS IS A PERMANENT RECORD

Dr John Powers  
27 W Indiana