

REC'D JUN 9 1938

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

16273  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **10003**  
(c) City **St. Louis** (d) Street No. **BARNES** St. **4134**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **Mo. So. Paul. for Blind** St. **17** (Usual place of abode, if no street address, write county or city)  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 19, 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**21 1 15**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Student, Blind School of Mo.**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Dillard, Mo.**  
(STATE OR COUNTRY)

13. NAME **Denny Sellers,**

14. BIRTHPLACE (CITY OR TOWN) **Dillard, Mo.**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Effie Callahan**

16. BIRTHPLACE (CITY OR TOWN) **Davisville, Mo.**  
(STATE OR COUNTRY)

17. INFORMANT **Effie Sellers,**  
(ADDRESS) **Dillard, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dillard, Mo.** DATE **May 6, 1938**

19. FUNERAL DIRECTOR (NAME) **Alexander & Sons.**  
(ADDRESS) **6175 Delmar Blvd.**

20. FILED **MAY - 5 1938** **J. F. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-4 1938**

22. I HEREBY CERTIFY, That I attended deceased from **2-22 1938** to **5-4 1938**  
I last saw him alive on **5-4 1938** Death is said to have occurred on the date stated above, at **1:30** p. m.  
The principal cause of death and related causes of importance were as follows:

*Intestinal perforation - post-operative generalized peritonitis. Hemorrhage - secondary.*  
Date of onset  
Other contributory causes of importance: *Volulus - Small intestine*

Name of operation *Resection of Small intestine* Date of **2-22-38**  
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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) **J. Surford** M. D.  
(Address) **BARNES HOSPITAL**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, self

Jos. E. McCulloch

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pelmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.