

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

MAR 13 1939

791
1003

4373

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1066**
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.
 (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 ⁴⁰⁰ John Joseph Selly, Jr.

(a) Residence, No. **3916 Gustine Ave.** St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 4th, 1936**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 **--** **27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as **lawyer, bookkeeper, etc.** **None**
 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) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **John J. Selly**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Grace Luethge**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Grace Selly**
3916 Gustine Ave.

18. BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem.** DATE **Feb. 3rd, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Drehmann & Son**
1905 Union Blvd.

20. FILED **FEB 2 1939** **J. B. Budrop** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 1st 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 28, 1939, to Feb. 1st, 1939**
 I last saw him alive on **Jan. 28, 1939**. Death is said to have occurred on the date stated above, at **5:15 A.M.**
 The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis

Date of onset **Jan 27th 39**

Other contributory causes of importance

ruptured Appendix & Abscess

Jan 31st 39

Name of operation **Appendectomy** Date of **Jan 31/39**
 What test confirmed diagnosis? **surgery** Was there an autopsy? **yes**

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) **Thomas J. Gaul** M. D.
 (Address) **29015 Cherokee St.**

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.

2905 Chambers
8-9
1-2

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, or by.....

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

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.