

JUL 12 1939

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

20479  
Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. **791**

(b) Township \_\_\_\_\_ Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **5323**

(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.

**D. 16060 400**

2. PRINT FULL NAME **Paul Selle**

(a) Residence, No. **2016 a Eads** St. **23** (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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 8, 1906**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>32</b>		<b>8</b>	<b>5</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. **nil**

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, Missouri**

FATHER

13. NAME **Robert Selle**

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

MOTHER

15. MAIDEN NAME **Helen SchEER**

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

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia CEM** DATE **JUNE 16, 1939**

19. FUNERAL DIRECTOR **E. J. Schmur** (ADDRESS) **3125 Lafayette Av.**

**JUN 14 1939** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/13/39**

22. I HEREBY CERTIFY, That I attended deceased from **2/2/39**, 19 **6/13/39**, 19... I last saw him **live on 6/13/39**, 19... Death is said to have occurred on the date stated above, at **2 p** m.

The principal cause of death and related causes of importance were as follows:

**Carcinoma of rectum with metastases**

Date of onset **1935**

Other contributory causes of importance: **Hypertension**

Name of operation **Bowel Resection** Date of **1936**

What test confirmed diagnosis? **Bopsy** 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? **no** If so, specify \_\_\_\_\_ (Signed) **William H. Bluff, Jr., M. D.** (Address) **City Hospital No. 1**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARON RESERVED FOR BINDING

V. S. NO. 2. 50M-7-20-37 I 1 X12004

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

**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.)**