

3 10 1940

U. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21482

8032

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH STATISTICS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 295

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs. 5 min.
In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Chesterfield
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street & Wild Horse Creek Road
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Selz, Baby Boy "B" 4th 1/2
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9
year 1940 hour 5 minute :25 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 9 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-40 to 2-9-40, 19____, that I last saw him alive on 2-9-40, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. 5 min.

Immediate cause of death Premature New Born Duration 5 min.
Due to _____
Due to 159
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Underling the cause to which death should be charged statistically.

9. Birthplace Clayton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Alphonse Selz
13. Birthplace Port Hudson Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Violet Hartung
15. Birthplace Belle Fontaine Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alphonse Selz
(b) Address Chesterfield, Mo.

17. (a) Burial (b) Date thereof 2/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Belle Fontaine

18. (a) Signature of funeral director W. H. ...
(b) Address Bellefontaine, Mo.

19. (a) FEB 10 1940 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Maurice S. Mansfield (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 2-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

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.