

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 9171
Registrar's No. 2654

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3616 Arkansas Ave.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 3616 Arkansas Ave.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1940 hour 3:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 3-7 1940 to 3/19 1940
that I last saw him alive on 3/19 and that death occurred on the date and hour stated above.

Immediate cause of death: nephritis acuta
Caused by chronic nephritis

Due to 131
Due to

Other conditions: Myocarditis etc
(Include pregnancy within 3 months of death)

Major findings: Of operations: no
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place)
(e) Means of injury 1

23. Signature W. H. Burroughs (M. D. or other)
Address 475 S. Morgan Date signed 3/22/40

3. (a) PRINT FULL NAME John A. Selzer

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Selzer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 12 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 7 hr. min.

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman Christopher Simpson

11. Industry or business Iron Co. retired 20 Yrs.

12. Name August Selzer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Selzer

(b) Address 3616 Arkansas Ave.

17. (a) Burial (b) Date thereof 3-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) MAR 21 1940 (b) J. F. Burdick
(Date received in registry)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Burroughs

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.....

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.