DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1940

Rr 0102

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19553

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1027

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital-6 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 216 Wachtel (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Baby LAVERNE SELLERS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April, 16, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis county (City, town, or county) Mo (State or foreign country)

10. Usual occupation Nihl

11. Industry or business

FATHER
12. Name Elmar Sellers
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dessie Wilson
15. Birthplace St. Luois, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmar Sellers

(b) Address 216 Wachtel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) MAY 29 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1940 hour 12 minute 38 P.M.

21. I hereby certify that I attended the deceased from 5-21-40, 1940 to 5-27, 1940 that I last saw her alive on 5-27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Lobar pneumonia	10 days
Purulent pericarditis	?
Due to Organism unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bilateral Lobar Pneumonia Purulent pericarditis

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William W Farley (M. D. or other) M.D.

Address St. Mary's Hospital Date signed 5-22-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis Mo

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.