

No. 2,
-11-10-39
5-17-39
-1 X21402

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26375**
Registrar's No. **1388**

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH: **St. Louis County**
(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(c) Name of hospital or institution: **Veterans Administration Facility**
(d) Length of stay: In hospital or institution **Admitted 6/27/40.**
In this community **-** years, months or days

3. (a) PRINT FULL NAME **Selmer L. Elias**
3. (b) If veteran, name war **Spanish-American** 3. (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 **Nellie** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **January 15 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **6** Days **10** If less than one day **-** hr. **-** min.

9. Birthplace **Philadelphia, Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **-**

MOTHER FATHER
12. Name **unknown**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

16. (a) Informant **M. Schellig**
(b) Address **Clinical Clerk, V.F. Jeff. Bks., Mo.**

17. (a) **Burial** (b) Date thereof **July 29, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister & P. Co.**
(b) Address **7814 S. Broadway St. Louis Mo.**

19. (a) **JUL 27 1940** (b) **R. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **-**
(c) City or town **St. Louis**
(d) Street No. **5803 Southwest Avenue**
(e) If foreign born, how long in U. S. A. **-** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **25**
year **1940** hour **4:50** minute **-** P. A. M.
21. I hereby certify that I attended the deceased from **June 27, 1940**, to **July 25, 1940**
that I last saw him alive on **July 25, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary arteriosclerotic and hypertensive heart disease, with cardiac enlargement, myocardial damage, anginal syndrome, and myocardial insufficiency.**
Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings: **9301**
Of operations **-**
Of autopsy **No autopsy.**

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? **-**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **-** (Specify type of place) Means of injury **-**
23. Signature **C. W. HUGHES, M.D.** (M. D. or other)
Address **Chief Medical Officer** Date signed **-**

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

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 *Linus C Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Blvd

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.