

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **6218**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2144a East Fair Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
In this community **Birth** /

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2144a East Fair Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Caroline Selzer**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **July** day **28th**
year **1941** hour **8:30 AM** minute _____ M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Julius M. Selzer** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **November 17, 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 8** 19**41** to **July 28** 19**41**
that I last saw her alive on **July 27** 19**41**
and that death occurred on the day and hour stated above.

Immediate cause of death **arteriosclerosis**
Duration _____

8. AGE: Years **79** Months **8** Days **11** If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions **absent right foot**
(Include pregnancy within 3 months of death)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER } 12. Name **Louis Schlumpf**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Herbert**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Katie C. Selzer**
(b) Address **2144a East Fair Ave**

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? _____

17. (a) **Burial** (b) Date thereof **7/30/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **H. F. Bergman** (M. D. or other) **H. F. Bergman**
Address **2720 Washington** Date signed **7/29/41**

19. (a) **JUL 29 1941** (b) **J. P. Bredbeck**
(Date received local registrar) (Registrar's signature)

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..... *Ronald Hampton*
Licensed Embalmer No. *2967*
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, fact should be so stated above.