

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Filed NOV 6 1942
Registration District No. 184

Primary Registration District No. 111

Registrar's No. 2106

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Alice Robv Selleck

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 29 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 9 hr. min.

9. Birthplace Macon Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name W. G. Selleck

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

14. Maiden name Alice Robv

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

16. (a) Informant Chas. Selleck

(b) Address 835 E. Monroe Kirkwood, Mo

17. (a) Burial (b) Date thereof 10/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director. Louis H. Bopp

(b) Address Kirkwood, Mo.

19. Oct 9 1942 (Date received by Registrar) (b) P. H. McAnurag (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 110 N. Clay Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1942 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from 10-7-42
_____ 19, to 10-8 1942.

that I last saw her alive on 10-8-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia type III Duration 10 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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? _____ (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 Paul E. Rutledge (M. D. or other) M.D.

Address Kirkwood Mo Date signed 10-8-42

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

W.R. P. Intelligence.

96
5000

DEC 29 1947

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 John M Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood, 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.