

U. S. No. 2
FORM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42054

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2594

96006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Bonhomme Tushh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Near Olive St. Rd. /
(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 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, ⁹⁶

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Near Olive St. Rd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Sellenriek,

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec- day 9
year 1942 hour 5 minute 0. A.M.

21. I hereby certify that I attended the deceased from 1917, to Dec-9- 1942,
that I last saw him alive on Feb-19- 1942;
and that death occurred on the date and hour stated above.

4. Sex male

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 Nov. 7 1912
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis 5 yrs
Epileptic attacks 25 yrs

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 30 Months 1 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farm helper

11. Industry or business Father's farm

12. Name William Sellenriek,

13. Birthplace St. Louis, Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Matsida Valz,

15. Birthplace St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Sellenriek

(b) Address Chesterfield, Mo. R #2

17. (a) burial (b) Date thereof 12/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefontaine,

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballym, Mo.

19. (a) DEC 10 1942 (b) G. McManis
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

While at work?

23. Signature [Signature] (M. D. or other)

Address Chesterfield, Mo. Date signed 12/19/42

30
Nov-7-

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 Theo. Schrader
Licensed Embalmer No. 3066-
P. O. Address Bellvue, 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.

APR 12 1908