

**FILED MAR 11 1943**

Registration District No. 104 Primary Registration District No. 111

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 3 weeks  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 Estates Court  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Emilie R. Sellinger  
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank H. Sellinger 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased March 25, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 9 ----- hr. ----- min.

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

10. Usual occupation At home

11. Industry or business -----

MOTHER FATHER {  
12. Name Adam Mueller  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr E. C. Sellinger

(b) Address 1549 Sells Ave

17. (a) Burial (b) Date thereof 2/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 4 1943 (b) E. J. McCaray MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd.  
year 1943 hour 2:45 PM minute ----- M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Feb 3 1943  
that I last saw her alive on Feb 13/43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Pneumonia

Due to Acute Appendicitis (with

Other conditions Disphagia & Appendicitis

Major findings: abscess.  
Of operations Appendical Abscess  
Of autopsy 12:1

Duration  
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?  
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While at work? ----- (Specify type of place)  
Means of injury -----

23. Signature ----- (M. D. or other)  
Date signed 2/4/43

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

26803

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**