. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

Registration District No. 3 3 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16587

Registrar's No. 5139

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5707 McPherson, /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5707 McPherson,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maud Grace 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 Widowed.

6. (b) Name of husband or wife James T. Selleck.

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

7. Birth date of deceased April, (Month) 7, (Day) 1873. (Year)

8. AGE: Years 70. Months I. Days 24. If less than one day br. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Madison Cairons.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olivia Cairons.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Nell M. Nichols.
(b) Address 5707 McPherson.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/4/43. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUN 4 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day I st, year 1943, hour 9 minute I5 P.M.

21. I hereby certify that I attended the deceased from October 23rd, 1942 to June 1st, 1943 that I last saw he alive on June 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs (R&L) — Duration 10/23/42

Due to Hypertensive Vascular Disease — 2

Due to General Debility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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)
While at work? (e) Means of injury

23. Signature August G. Nichman (M. D. or other)
Address 4164 Maryland Ave Date signed 6/2/43

(Licensed Embalmer's Statement on Reverse Side)

[redacted] A. G. Wichman.
4660 Maryland.
FO-8344.
Hrs. 1 to 3 P.M.

5139

5139

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.