S. No. 2
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v. 5-17-39
I X35897

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

#44872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26133

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7292

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3825 Missouri Ave. 9 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Sell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 22 (Day) 1883 (Year)

8. AGE: Years 61 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

FATHER 12. Name Carl Sell

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name Henrietta Greunke

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Rockwell

(b) Address 3825 Missouri Av.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) AUG 21 1945 (Date received) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th year 1945 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from 8/10/45, 19, to 8/19/45, 19; that I last saw him alive on 8/19/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of buccal mucosa — Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations not performed here

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)

While at work? (e) Means of injury

23. Signature Mehara (M. D. or other)

Address 1515 Lafayette Date signed 8/20/45

(Licensed Embalmer's Statement on Reverse Side)

Embalmer's affidavit filed Aug 21 1945

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.