S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43479

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11815

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Hermann (If outside city or town limits, write "RURAL") 1
(d) Street No. NR (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Christian Sellenschutter
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Malinda Sellenschutter
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December (Month) 31 (Day) 1883 (Year)

8. AGE: Years 63 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Henry Sellenschutter
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Sanker
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Malinda Sellenschutter
(b) Address Hermann, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1947 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 15 December 1947, to 24 December 1947, that I last saw him alive on 24 December 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	15 days
Due to: Peptic ulcer of duodenum	17 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Massive hemorrhage from duodenal ulcer	

PHYSICIAN — Underline the cause of 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 0
23. Signature T. G. Drake (M. D. ~~or other~~)
Address 1141 N. Taylor Ave. Date signed 26 Dec 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 S. Kennehy

Licensed Embalmer No. 4194

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.