. S. No. 2
DM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38640
Registrar's No. 9886

FILED NOV 24 1948
Registration District No. 318
Primary Registration District No. 1005

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 Deaconess Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Venice
(If outside city or town limits, write "RURAL")
(d) Street No. 632 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Joseph Selb
3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adeline
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 1st (Month) (Day) ~~1848~~ 1877 (Year)

8. AGE: Years 71 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Venice (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Real Estate Operator
11. Industry or business

FATHER
12. Name Theodore Selb
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address Venice Illinois
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Nov 12 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Granite City Ill
18. (a) Signature of funeral director Chas Meren
(b) Address Granite City Illinois
19. (a) NOV 15 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 48 hour Two minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 20, 1948, to Nov 11, 1948, that I last saw him alive on Nov 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolus	2 mo
Due to General Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary Embolus	

Major findings:
Of operations
Of autopsy

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

23. Signature A. R. Shuffler (M. D. or Coroner)
Address 1026 N. Skinker Blvd Date signed 11-12-48

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 Charles E. Mercer

Licensed Embalmer No. 2988

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.