FILED MAY 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

14156

State File No.

BIRTH NO. 49-019272 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2871

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton
d. STREET ADDRESS (If rural, give location): 8941 Valcour Ave.

**3. NAME OF DECEASED** (Type or Print): a. (First) LeRoy b. (Middle) W. c. (Last) Selz Jr.

**4. DATE OF DEATH** (Month) (Day) (Year): Mar. 29 1949

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Infant

**8. DATE OF BIRTH**: Mar. 9, 1949

**9. AGE** (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 20 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo.

**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: LeRoy W. Selz Sr.

**13b. MOTHER'S MAIDEN NAME**: Mary Haueswinkel

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: LeRoy W. Selz Sr. 8941 Valcour Ave.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) acute hepatitis — 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):

**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* 3/28, 1949, *to* 3/29, 1949, *that I last saw the deceased alive on* 3/29, 1949, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. P. Coletta M.D. — **23b. ADDRESS**: 4952 Maryland — **23c. DATE SIGNED**: 3/30/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial — **24b. DATE**: Mar. 31, 1949 — **24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cem. — **24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. MAR 30 1949 — REGISTRAR'S SIGNATURE: J. B. Sadler — **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 _____, Student Embalmer No. _____ working under my personal supervision.

Signed Richard W. Stovesand

Signed _____
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**