

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16202**  
**3966**

FILED MAY 14 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>  b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>5908 Nagel Ave.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ROY</b> b. (Middle) <b>R.</b> c. (Last) <b>SELLARS</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Apr. 15 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widower</b>	<b>8. DATE OF BIRTH</b> <b>May 11, 1896</b>		
<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Real Estate Salesman-R.E. Rose Co.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>  	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Gainesville, Texas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>  	
<b>13a. FATHER'S NAME</b> <b>John Sellars</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lela Jackson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Late Lucille Sellars</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>  		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Marilyn Bouckaert 5666 Eichelberger</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Carcinoma of urinary bladder</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>over 9 months</u>
<b>19a. DATE OF OPERATION</b>  		<b>19b. MAJOR FINDINGS OF OPERATION</b>  			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)  		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>  <u>181X</u>		
<b>22. I hereby certify that I attended the deceased from <u>Dec 16, 1952</u> to <u>Apr. 15, 1953</u>, that I last saw the deceased alive on <u>Apr. 15, 1953</u> and that death occurred at <u>8:10 P.</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>Robert W. Smith M.D.</u>		<b>23b. ADDRESS</b> <u>114 N. Taylor</u>		<b>23c. DATE SIGNED</b> <u>4/16/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <u>Apr. 18, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Burial Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <b>APR 16 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith M.D.</u> G.P. (Licensed Embalmer's Statement on Reverse Side)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>	

**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.

Student .....  
Student Embalmer

Signed Edwin A. M. Bennett

Licensed Embalmer No. 3024

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.