No. 300
10.46

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16203

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4101

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

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): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethesda Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St Louis 8120
d. STREET ADDRESS (If rural, give location): 1309 N 42 8

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): General Joe Wheeler Sells

4. DATE OF DEATH (Month) (Day) (Year): APR. 20 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 5, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Byrdstown Tenn 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Henry Sells
13b. MOTHER'S MAIDEN NAME: Mary Pierce
14. NAME OF HUSBAND OR WIFE: Mary

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.: 321-18-8090
17. INFORMANT'S SIGNATURE OR NAME: James V Sells — ADDRESS: E. St Louis Ill

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) Generalized Carcinomatosis of spine Pelvis + ribs — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — Feb 25 1950
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy Feb 1950
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): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — 177X

22. *I hereby certify that I attended the deceased from* Nov 11, 1948, *to* April 19, 1953, *that I last saw the deceased alive on* April 19, 1953, *and that death occurred at* 3:04 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Starkloff MD 0
23b. ADDRESS: 512 Dover Pl
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 20 '53
24c. NAME OF CEMETERY OR CREMATORY: Mt Pleasant
24d. LOCATION (City, town, or county) (State): Sesser, Franklin, Ill.

DATE REC'D BY LOCAL REG.: APR 20 1953
REGISTRAR'S SIGNATURE: Jean Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: C G Kurrus Jr. — ADDRESS: E St Louis Ill

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3162

P. O. Address.....

Signed.....
Student Embalmer

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.