

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39233**
Registrar's No. **8503**

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In the above city or town) 2 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSP.		d. In Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) MARY		b. (Middle) JANE	
c. (Last) SELLERS		4. DATE OF DEATH (Month) (Day) (Year) Sept-15-54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-7-1885
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN OBERMOELLER		13b. MOTHER'S MAIDEN NAME ALICE GALLAGHER	
14. NAME OF HUSBAND OR WIFE THOMAS SELLERS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. 488-10-0970		17. INFORMANT'S SIGNATURE OR NAME Thomas Sellers ADDRESS 4000 COUNCIL GROVE	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Sclerosis Unknown		INTERVAL BETWEEN ONSET AND DEATH 1 day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		Diabetes mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4201	
22. I hereby certify that I attended the deceased from 9/10 , 19 54 , to 9/15 , 19 54 , that I last saw the deceased alive on 9/15 , 19 54 , and that death occurred at 7:41 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert A. Bauer MD		23b. ADDRESS 3731 Doo Dellow	
23c. DATE SIGNED 9/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-18-54	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY - ST. LOUIS - MO		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. SEP 17 1954		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS 4180 Nat'l Bridge	

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
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *410*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.