

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG. 2 - 1955

State File No. **24355**  
Registrar's No. **5967**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Saint Louis</b> )		c. CITY OR TOWN <b>Saint Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>700 No. Union Blvd. Apt. 316</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>700 No. Union Blvd. Apt. 316</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b> b. (Middle) <b>SELE</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>July 9 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 22, 1902</b>	9. AGE (In years last birthday) <b>52 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self Employed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Designer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lichenstein, Europe</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lilly Janssen Sele</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>489-03-0764</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lilly Janssen Sele</b>	ADDRESS <b>700 No. Union</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	ANTECEDENT CAUSES DUE TO (b) <b>disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <b>Stomachal Ulcer</b>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>4200</b>
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22. I hereby certify that I attended the deceased from **9/14, 1954**, to **7/9, 1955**, that I last saw the deceased alive on **7/1, 1955**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles DeHarris MD</b>	(Degree or title)	23b. ADDRESS <b>5298<sup>o</sup> Page</b>	23c. DATE SIGNED <b>7/11/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>July 12, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUL 11 1955</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>TRUTH CENTER MORTUARY</b>	ADDRESS <b>4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chas Harris  
5298<sup>a</sup> Page

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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

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.