

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034693

STATE FILE NUMBER

9249

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granite City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 24 St. Louis Children's		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 32 1740 Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James, Middle Ellwood Last Selph			4. DATE OF DEATH Month 9 Day 25 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-19-58	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Granite City, Ill. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Claude Henry Selph		13b. MOTHER'S MAIDEN NAME Dorothy Daniel	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Luan Lehr, 500 S. Kingshighway		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H. influenza meningitis		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
DUE TO (b)		DUE TO (c)		340.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 9-24-58 1:55 PM		COUNTY STATE	
21. I attended the deceased from Death occurred at 12:10 P.		to 9-25-58		and last saw ^{sex} him _{live on} 9-25-58	
22a. SIGNATURE (Degree or title) Barbara Jones, M.D.		22b. ADDRESS 500 S. Kingshighway		22c. DATE SIGNED 9-25	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-25-1958		23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS	
23d. LOCATION (City, town, or county) GRANITE CITY, ILLINOIS		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR Frank Mercer		ADDRESS Granite City		25. DATE RECD. BY LOCAL REG. SEP 26 '58	
26. REGISTRAR'S SIGNATURE Earl Smith MD		26. REGISTRAR'S SIGNATURE m 83			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Charles E. Meese*

Licensed Embalmer No. *2988*
P. O. Address *St. Louis City*

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.