URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

[redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-229160 STATE FILE NUMBER 008866

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Olivette — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1124 Magnet Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ALTA Middle: Last: SELVES
4. DATE OF DEATH: Month: Feb. Day: 26 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-20-89
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Steffenville Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward Clark
13b. MOTHER'S MAIDEN NAME: Laura Satchel
14. NAME OF HUSBAND OR WIFE: Late Walter Selves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charlotte Murphy — Address: 1124 Magnet Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic cerebrovascular disease — 10 years
DUE TO (c): 331 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952, to 26 Feb. 1960 and last saw ~~him~~ her alive on 25 February 1960. Death occurred at 9:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Reynolds Anderson M.D.
22b. ADDRESS: 1695 BRENTWOOD BLVD, BRENTWOOD, MO.
22c. DATE SIGNED: 2.26.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-28-60
23c. NAME OF CEMETERY OR CREMATORY: La Belle Cemetery
23d. LOCATION (City, town, or county) (State): La Belle Mo.
24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser 4228 S.Kingshighway
25. DATE RECD. BY LOCAL REG.: FEB 27 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. SP.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William B. White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 So. King

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.