MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021506

STATE FILE NUMBER

Registration District No. FILED MAY 21 1962 Primary Registration District No. 500 Registrar's No. 1477

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lemay 25 — Length of stay in 1b: 1 Yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 300 Lander Ct. — 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: Lemay 25 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 300 Lander Ct. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARIE Middle E. Last SELLMANN

4. DATE OF DEATH: Month May Day 14, Year 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 6/4/07
9. AGE (last birthday): 54 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas P Gibbons
13b. MOTHER'S MAIDEN NAME: Jennie Campbell
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic: None
16. SOCIAL SECURITY NO.: [redacted] 57
17. INFORMANT: Edw. Sellmann — Address: 300 Lander Ct. 25

18. CAUSE OF DEATH (Enter only one cause per line [redacted]

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis c̄ hypertension
DUE TO (c): and left sided hemiplegia — 2 yrs.

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

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 November '61, to May 14, '62 and last saw her alive on May 13-'62
Death occurred at 6:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. O'Sullivan, M.D.
22b. ADDRESS: 7429 Ivory Ave
22c. DATE SIGNED: 5-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/17/62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): Lemay 25 Mo.

24. FUNERAL DIRECTOR — ADDRESS: Fendler Und. Co. 7420 Michigan Ave. (11)
25. DATE RECD. BY LOCAL REG.: 5-15-62
26. REGISTRAR'S SIGNATURE: John A. Murphy M.D.

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.