MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 16287

Registered No. 4326

1. PLACE OF DEATH

County: St. Louis — Registration District No. 791

Township: — Primary Registration District No. 1093

City: St. Louis (No. 4132, Bingham St., Ward)

2. FULL NAME Julius C. Salzgeber

(a) Residence: No. 4132 Bingham St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. If Married, ~~Widowed, or Divorced~~ HUSBAND OF (OR) WIFE OF Mary Salzgeber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 18 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	23	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Salzgeber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ida Voegler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mary Salzgeber
(Address) 4132 Bingham

15. DATE APR 13 1929, 19 Max Wiarler Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to Apr. 10, 1929, that I last saw h. alive on Apr. 10, 1929, and that death occurred, on the date stated above, at 3:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy, Cerebral,
82, A
97
(duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 14001
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. T. Upshaw, M. D
Apr 12, 1929 (Address) 3115 So Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 4-13 1929

20. UNDERTAKER: Wm Schumacher — ADDRESS: 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

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