

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

Do not use this space.

14578

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **3928**  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. **1718<sup>a</sup> Franklin** **25** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 10 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**60 9 8**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Saturn**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Locksmith**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Indiana**

**10. NAME OF FATHER**

**William Saulmon**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Missouri**

**12. MAIDEN NAME OF MOTHER**

**Elizabeth Muling**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Indiana**

**14. INFORMANT**

(Address) **City Hospital**

**15. FILED**

**21 1933** **Mat O. Harley** REGISTRAR

**II MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18 1933**

17. I HEREBY CERTIFY, That I attended deceased from **April 16 1933** to **April 18 1933** that I last saw him alive on **April 18 1933** and that death occurred, on the date stated above, at **11:30 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**93C**  
**97** (duration) **7** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **General Arteriosclerosis**  
(duration) **7** yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH **1718<sup>a</sup> Franklin**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) **Benj. Margulies, M. D.**

**4/18 1933** (Address) **City Hospital**

\*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**

**DATE OF BURIAL**

**Calvary**

**April 21 1933**

**20. UNDERTAKER**

**ADDRESS**

**Math. Hermann & Son 216 E. Fair**

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.

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Paulson