

NOV 9 1935

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

Do not use this space.

33958

8372

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3145 A South Grand**) St. .... Ward)

2. FULL NAME **Henry A. Salmon, Sr.**

(a) Residence, No. **3145 A South Grand** St. **16** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Katherine Hickman</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 11, 1877</b>				
7. AGE YEARS <b>57</b>	MONTHS <b>10</b>	DAYS <b>23</b>	If LESS than 1 day, ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>R.R. Engineer</b>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Rail Road</b>				
10. Date deceased last worked at this occupation (month and year) <b>1933</b>			11. Total time (years) spent in this occupation	

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) **Douglas County**  
(STATE OR COUNTRY) **Minnesota**

13. NAME **Chilender Salmon**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Bertha McGee**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

17. INFORMANT **Katherine Salmon**  
(ADDRESS) **3145 A South Grand**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Park Lawn** DATE **Oct. 7** 19**35**

19. UNDERTAKER **St. W. McLaughlin**  
(ADDRESS) **2301 Lafayette Ave**

20. FILED **OCT 5 1935**  
**J. S. Budeck**  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 4, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 14** 19**35** to **Oct 4** 19**35**.  
I last saw him alive on **Oct 4** 19**35** Death is said to have occurred on the date stated above, at **5:25 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Infective Mononucleosis**  
Date of onset **Sept 14 1935**

Other contributory causes of importance:  
**Septicemia from ruptured appendix 7 days ago**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19**35**  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
If so, specify **Constant falling from flat roof**  
**while on construction of new building**  
**at 4002 Lee Ave**  
(Address) **4002 Lee Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

