

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County... St. Louis
Township... Central
City... St. Vincent's Sanitarium

Registration District No. 789
Primary Registration District No. 6033

File No. 13430
Registered No. 51
St. _____ Ward)

2. FULL NAME Agnes T. Salorgne

(a) Residence, No. 6802 Pershing Ave., St. Louis, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

Theodore Salorgne6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2nd

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 85 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Arthur Conrad

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Adelaide Webb

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Josephine Scullin
(ADDRESS) St. Louis, Mo

18. BURIAL, CREMATION, OR DISPOSAL PLACE Bellefontaine DATE Feb 11th 1937

19. UNDERTAKER Wagoner Undertaking Co
(ADDRESS) 362 1 Olive Street

20. FILED 3-10-1937 Ada Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH FEB.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to Feb 9, 1937.

I last saw her alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 9:00 P.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Bronchitis (B. lateralis)

Date of onset

3

Other contributory causes of importance:

Chronic Myocarditis
Arterio Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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?

If so, specify _____
(Signed) W. E. Moore, M.D. M. D.

(Address) 7301 Natural Bridge Rd

Normandy, Missouri

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.

