

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

File No. 21205

Township St. Francois

Primary Registration District No. 601A

Registered No. 89

Near City Farmington, Mo.

(No. State Id #47) St. _____ Ward _____

2. FULL NAME Julius Salmon

(a) Residence, No. St. Louis, Mo. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 25, 1937
I last saw him alive on May 25, 1937. Death is said to have occurred on the date stated above, at 11:40 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1861

Curcismu of stomach Date of onset 1-1-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 2 1

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

Other contributory causes of importance: Myocardiosis

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

13. NAME _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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

15. MAIDEN NAME Pauline Calvax

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.

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

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE 5-27-37, 19____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John J. Schmitt MD _____ M. D.
(Address) Farmington, Mo

19. UNDERTAKER Wiegand & Hottel (ADDRESS) 4221 N. Kingshighway Blvd -

20. FILED May 25, 1937 T. J. Robinson Registrar

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

