

REC'D MAY 17 1938

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

14384

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 197  
 (b) Township Waller Primary Registration District No. 5276 Registered No. \_\_\_\_\_  
 (c) City Linden Mo. (d) Street No. Thomas Heights Linden, Mo. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard Salzer,

(a) Residence, No. Linden, Missouri, St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 May Salzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1st, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
61 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. R.R.Y. Engineer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Missouri.

FATHER 13. NAME Ernest Salzer

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

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT May Salzer  
 (ADDRESS) Linden, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery. DATE March 30th, 1938

19. FUNERAL DIRECTOR Mrs. C. L. Forster  
 (ADDRESS) 918 Brooklyn Avenue, K. C. Mo.

20. FILED May-6, 1938 Viola C. Meyer  
Per. L. M. A. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/3/38 19... to 3/28/38 19...  
 I last saw him alive on 3/17/38. Death is said to have occurred on the date stated above, at 10:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma  
of liver  
(Primary)

Other contributory causes of importance:

H6-

Name of operation Autopsy Date of 3/29/38  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes Date of injury 3/28/38, 19...  
 Where did injury occur? At home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Yes  
 Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Yes  
 (Signed) Edward J. Heller, M. D.

(Address) 1210 Professional Bldg  
St. Louis, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure of the above constitutes grounds for revocation of license.)**