13

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.

REC'D JUN 12 1939

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

16896
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 4430
(d) Street No. Christian Hospital 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

460
2. PRINT FULL NAME William V. Salyer, Jr.
(a) Residence, No. 4783 Cupples Pl. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 5, 1921
7. AGE YEARS 18 MONTHS 4 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis Missouri 0

FATHER
13. NAME William R. Salyer 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois 1

MOTHER
15. MAIDEN NAME Nargaret E. Vinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawneetown Illinois

17. INFORMANT (ADDRESS) William R. Salyer 4783 Cupples Place
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Memorial Park DATE May 15 '39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kraeger-Voss-Fix 3402 No. K ngshighway
20. FILED MAY 13 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.10 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia (Type undetermined)
Cause, Time, place and manner could not be determined.

Other contributory causes of importance:

36

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

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.