

No. 2  
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RECEIVED FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1816

State File No. \_\_\_\_\_

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution STATE HOSPITAL No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
In this community 58 years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Hospital #2. (Dormitory)  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME Ida Salmons  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 11  
year 1941 hour 2 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, married, divorced, widowed  
(b) Name of husband or wife James Salmons  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 21 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27  
1940, to Jan 11 1941;  
that I last saw her alive on Jan 11 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 4 20 hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis  
Acute  
Due to Appendicitis  
Sanfranensis Ruptured  
Due to \_\_\_\_\_

9. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 10:11

10. Usual occupation Attendant

11. Industry or business St. Hospital #2

12. Name John Pfluger

13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Heim

15. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Salmons  
(b) Address Industrial City, Mo.

17. (a) Burial (b) Date thereof Jan. 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery  
(d) Signature of funeral director H.O. Sidenfaden & Son  
(e) Address 1802 Union St. St. Joseph, Mo.  
(f) Date received local registrar Jan 13-1941 (g) Registrar's signature [Signature]

Major findings: Appendicitis  
Of operations Sanfranensis, Ruptured  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Herbert C. Senne (M. D. or other) [Signature]  
Address State Health #2 Date signed 1-11-41

Duration  
15 days  
16 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 R. Harrington*

Licensed Embalmer No. *3258*

P. O. Address.....

*St. Joseph, Mo*

**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, fact should be so stated above.**