

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3846 McDonald Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 52 years / (Specify whether  
years, months or days)

8. (a) PRINT FULL NAME Mr. Arlie C. Sallman

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-09-5069

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ella Boettcher Sallman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 16, 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 23 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Elevator Operator

11. Industry or business Newspaper Building

12. Name Ernst Sallman

18. Birthplace Gilberts Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schnorrenberg

15. Birthplace Galena Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Sallman

(b) Address 3846 McDonald

17. (a) Burial (b) Date thereof July 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 10 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE (IF DECEASED):

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3846 McDonald  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th  
year 1941 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan., 1940 to July 9, 1941  
that I last saw him alive on July 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

adenoma - carcinoma of rectum. Duration 2 yrs.

Due to generalized metastases

Due to carcinomatosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations H/O

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature H. A. Sullivan (M. D. or other) \_\_\_\_\_

Address 421 W. Schumaker Date signed 7/11/41

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

[Handwritten mark]

Dr. O. L. Lupton  
421 Schiller

7-9

---

---

**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 Melvin J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.**