

FILED FEB 18 1942

Registration District No. **784** Primary Registration District No. **202**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Overland**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2817 Walton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Overland**
(If outside city or town limits, write "RURAL")

(d) Street No. **2817 Walton Rd.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Virgil Mae Salby**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Aug. 14 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **23** If less than one day hr. min.

9. Birthplace **Lebanon, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Olney Mahan**

13. Birthplace **Coffeyville, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Wiltshire**

15. Birthplace **Erie, Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Salby**
(b) Address **2817 Walton Rd.**

17. (a) **Burial** (b) Date thereof **2-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **FEB 9 1942** (b) **E. P. McFarland**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7th.**
year **1942** hour **6 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 1941**
19 _____ to **date** 19 _____
that I last saw her alive on **Feb. 7th** 19 **42.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **hypertension** **3-6 yrs.**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **830**

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 **Arthur P. Narrow** (M. D. or other) **2/1/42**
Address **8600 Natural Bridge** Date signed _____

FEB 12 1942

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 J. W. B. Embrey
Licensed Embalmer No. 3653
P. O. Address St. Louis 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.

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