

S. No. 2
M-1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3655**
Registrar's No. **244**

FILED FEB 11 1942

Registration District No. **109**

Primary Registration District No. **109**

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3700 Oxford St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3700 Oxford Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Theresa Sallwasser

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Henry Sallwasser

6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased July 17th 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>12</u>	— hr. — min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Spahn

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Unknown

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Sallwasser

(b) Address 3700 Oxford St.

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

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 31 1942 (b) C. G. MacLaren M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
year 1942 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from Jan 25
10:30 to Jan 29, 1942
that I last saw her alive on Jan 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Hypertensive Crisis
Base Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

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? _____

23. (a) Physician (Specify type of place) _____ (e) Means of injury _____

(b) Physician (M. D. or other) _____

Address 2924 S. Grand Date signed 1/31/42

Duration 5 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 Richard A. Lehmann

Licensed Embalmer No. 3395

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, fact should be so stated above.