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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9167

State File No. 8294

FILED APR 20 1942

Registration District No. 791 | Primary Registration District No. 100 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1427 So Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sam Salazor

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Sept 13, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	6	27	hr. min.

9. Birthplace (City, town, or county) Mexico 3 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Antonio Salazor
13. Birthplace (City, town, or county) Mexico 3 (State or foreign country)

MOTHER
14. Maiden name Nicolasa Venilis
15. Birthplace (City, town, or county) Mexico 2 (State or foreign country)

16. (a) Informant Mrs. Anna Salazor
(b) Address 1427 So Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director O J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) APR 15 1942 (Date received local registrar) (b) J. J. Biedeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to Pending

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Thomas F Callan (M.D. or other)
Address Deputy Coroner Date signed 4/13/42

(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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.