

19969

S. No. 2
1-9-4-41
v. 5-17-41
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 13 1942 791

1003

Registration District No. Primary Registration District No. Registrar's No. 5692

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

264
00
17
9

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
ALEXIAN BROTHERS. O
(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: 000

(a) State MO (b) County 17 15

(c) City or town ST. LOUIS. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3556 NEBRASKA
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUIS. A. SALLER. SR.

3. (b) If veteran, name war NO 3. (c) Social Security No. 489-10-0973

4. Sex MALE O 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALICE 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased SEPT. 7
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>20</u> hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation MACHANIST.

11. Industry or business

12. Name HENRY SALLER.

13. Birthplace ST. LOUIS MO O
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE SMITH.

15. Birthplace ST. LOUIS MO O
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Saller.
(b) Address 3556 Nebraska.

17. (a) BURIAL (b) Date thereof July 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mnt Hope Cmn

18. (a) Signature of funeral director J. P. Fendley
(b) Address 7128

19. (a) John S. Smith (b) F. Prudeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1942 hour 10:15 minute 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 Vertebral Artery Thrombosis
Due to Cardiac Hypertrophy.

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

Major findings: Of operations None
Of autopsy None

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?.....

While at work?..... (Specify type of place)
(c) Means of injury 3

23. Signature Alfred P. Peres (M. D. or other)
Address Superior Ave Date signed 4/29/42

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.....

John P. Fowler

Licensed Embalmer No.

925

P. O. Address.....

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, fact should be so stated above.