

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23084**  
Registrar's No. **6453**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Jewish Hosp. O**  
(d) Length of stay: In hospital or institution **30 years**  
In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **University City 3 NR.**  
(d) Street No. **6414 Cates**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **George Salniker**  
(b) If veteran, name war **no**  
(c) Social Security No. **494-07-6803**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **29**  
year **1942** hour **7** minute **P.** M.

4. Sex **male O** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Dora Kirschner Salniker**  
(c) Age of husband or wife if alive **unk**  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 23**, 19**42** to **July 29**, 19**42**.  
that I last saw him alive on **July 29**, 19**42**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Pneumonia** Duration **7-27-42**

8. AGE: Years Months Days If less than one day  
**ab 64** hr. min.

Due to **Coronary occlusion** **7-23-42**

9. Birthplace **Cherson U.S.S.R.**  
10. Usual occupation **tailor**  
11. Industry or business **clothing factory**

Other conditions **none**  
Major findings: Of operations **none** Of autopsy **none**

MOTHER FATHER { 12. Name **Michael Philip Salniker**  
13. Birthplace **U.S.S.R.**  
14. Maiden name **Esther**  
15. Birthplace **U.S.S.R.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Max Salniker**  
(b) Address **7309 Amherst**  
17. (a) **burial** (b) Date thereof **7/31/42**  
(c) Place: burial or cremation **Chesed Shel Emeth Berger Memorial**  
18. (a) Signature of funeral director **4715 McPherson**  
(b) Address **J. Buddeck**  
19. (a) **JUL 31 1942** (b) **J. Buddeck**

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 **no**  
23. Signature **J. Buddeck** (M. D. or other) **MD**  
Address **1520 Westgate** Date signed **7-30-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. Magidson

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. H. Berger*  
Licensed Embalmer No. *1597*  
P. O. Address *4715 McPherson*

**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.**