

Registration District No. 218

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6139 Sherry Ave. /
(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)

3. (a) PRINT FULL NAME Frank Salerno.

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

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced. Single /

6. (b) Name of husband or wife. None
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 20, 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 6 4 hr. min.

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

10. Usual occupation Student

11. Industry or business McBride High School.

MOTHER FATHER

12. Name Tony Salerno

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

14. Maiden name Jennie Baldi.

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

16. (a) Informant Tony Salerno

(b) Address 6139 Sherry Ave.

17. (a) Burial (b) Date thereof Oct. 27, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Dickerson

(b) Address 1431 Union Blvd.

19. (a) OCT 25 1942 (b) J. J. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 6139 Sherry Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 2, 30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 6 - 42
to Oct 23, 1942
that I last saw him alive on Oct 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: *Grande Langue's degeneration
Trauma Chest
conditions and Myocarditis*
Due to: *Streptococci Viridans* 10 mo

Other conditions: *92*
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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)
(e) Means of injury

23. Signature C. W. Washburn (M. D. or other) /
Address 424 1/2 St. Paul Date signed Oct 24 - 42

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

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 *Frank M. Baker*
.....
Licensed Embalmer No. *2915*
.....
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.