

FILED MAY 19 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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:
St. Johns Hospital
(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 **Missouri** (b) County _____
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **6115 Kingsbury, Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES E. SALISBURY.**

3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rose Wagner Salisbury.** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **March 31 1863**
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Utica, New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business **Life Insurance Broker.**

MOTHER FATHER { 12. Name **John W. Salisbury.**
13. Birthplace **Wales, England**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Lewis.**
15. Birthplace **Wales, England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose W. Salisbury.**

(b) Address **6115 Kingsbury, Blvd.**

17. (a) **Cremation.** (b) Date thereof **May 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar, Blvd.**

19. (a) **MAY 12 1943** (b) **J. J. Bradeak**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10th**
year **1943** hour **11:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **12-29**, 19**41**, to **5-10**, 19**43**
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis
Due to **arteriosclerosis**

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? _____

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

23. Signature **Carl J. [illegible]** (M. D. or other) _____
Address **3614 [illegible]** Date signed **5-12-43**

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

Dr. O.P.J. Falk
3604 Washington Blvd.,
JE-1800
11 to 2 P.M.

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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City - Y

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.