

15012
7. S. No. 2
FORM-2-43
Rev. 5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30333**

Registrar's No. **8017**

FILED SEP 17 1943
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 mos. 4 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Salmona

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Salmona

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 16 1885
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|-----------------------------|
| <u>57</u> | <u>8</u> | <u>20</u> | <u>1</u> hr. <u>15</u> min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Watfield

13. Birthplace Unknown
(City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. O. Mauff

(b) Address 2133 A Pass Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery

18. (a) Signature of funeral director Bernard Warkalis

(b) Address 1431 Union Ave.

19. (a) SEP 8 1943
(Date received local registrar)

(b) J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis (city)

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

(d) Street No. 2133 A Pass 2017
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
year 1943 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from 7/1/43
1943, to Sept. 5th 1943
that I last saw her alive on Sept. 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 8 2

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)

Means of injury _____

23. Signature Geo. W. Salmona (M. D. or other) MD

Address 1515 1/2 Lafayette Date signed 9/8/43

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 H. Mearns*

Licensed Embalmer No. *3815*

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.