

Registration District No. 318

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:  
5615 Waterman 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 \_\_\_\_\_ (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME REBECCA SAMUELS SALINGER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Max Salinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 22 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business not known

MOTHER FATHER { 12. Name not known  
13. Birthplace not known  
14. Maiden name not known  
15. Birthplace not known

16. (a) Informant Flora Werner  
(b) Address 5615 Waterman

17. (a) Burial (b) Date thereof 10-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf  
(b) Address 5216 Delmar

19. (a) OCT 10 1943 (b) J. F. Mueck  
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5615 Waterman 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 9  
year 1943 hour 11:30 minute a M.  
21. I hereby certify that I attended the deceased from July 20  
1943 to Oct 9 1943  
that I last saw her alive on Oct 8-9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death General metastatic Carcinomatosis Duration 6 yr

Due to Coccarinia R Mammul

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

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 job)  
Cause of injury \_\_\_\_\_

23. Signature Not in Office (M. Doctor)  
Address 500 Olive St. Date signed 10/10/43

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

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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..... *C. W. Cooper* .....

Licensed Embalmer No. *3830* .....

P. O. Address *5216 Pelmar* .....

**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.**