

FILED APR 18 1946

318

Primary Registration District No.

1003

State File No.

Registrar's No.

3249

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. John 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 mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 5214 Elizabeth Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) FULL NAME George Salerno

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 27 1929  
(Month) (Day) (Year)

8. AGE: Years 16 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Student

12. Name Joseph Salerno

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

14. Maiden name Elvira Malabrano

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

16. (a) Informant Joseph Salerno

(b) Address 5214 Elizabeth Ave

17. (a) burial (b) Date thereof Apr 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John

18. (a) Signature of funeral director Sam J. Calcaterra

(b) Address 5142 Daggett Ave

19. (a) APR 8 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th  
year 1946 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from April 4th, 1946, to 4-6, 1946;

that I last saw him alive on 4-6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart disease inter-ventricular septal defect.

Due to acute plus bacterial endocarditis (Hemolytic Staph aureus)

Other conditions: none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations 9/1

Underline the cause to which death should be charged statistically. as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 \_\_\_\_\_

Signature John Hammond (M. D. or other) \_\_\_\_\_

Address 634 N. Grand Date signed 4/8/46

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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 *Ray Calcaterra*

Licensed Embalmer No. 2376

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.**