

FILED MAR 3 1947

6891

Registration District No. **318**

Primary Registration District No. **1005**

State File No. _____

Registrar's No. **1648**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon** **61**
 (c) City or town **St. Louis** **Macon** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) **N.R.** **2**
 (e) Citizen of foreign country? _____ (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME **Ralph Salzwedel**

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

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

6. (b) Name of husband or wife **Hazel Salzwedel** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **June 1 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 8 14 hr. min.

9. Birthplace **Red Bud Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hot tamale vendor**

11. Industry or business _____
 MOTHER FATHER { 12. Name **William Salzwedel**
 13. Birthplace **Manitowoc Wisconsin**
(City, town, or county) (State or foreign country)
 14. Maiden name **Amanda Budde**
 15. Birthplace **Red Bud Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Salzwedel**
 (b) Address **4952 Aldine Avenue**

17. (a) **Burial** (b) Date thereof **2/17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FeeFee Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **FEB 17 1947** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15**
 year **1947** hour **2** minut **39** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____
 Due to _____

Other conditions _____
(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? _____

23. Signature **Eric E. Taylor** (M. D. or other) _____
(Specify type of place) (e) Means of injury
 Deputy Coroner Date signed **2/17/47**

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.....

Licensed Embalmer No.....

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.