

No. 2
2-45
17-39
X47070

FILED MAY 1 1947
318

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

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

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:
2856 Henrietta Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **51 years** (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. **2856 Henrietta Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CAROLINE STEWART SALISBURY**

3. (b) If veteran, name war **N11** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Francis O.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 15, 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **5** If less than one day hr. _____ min. _____

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

10. Usual occupation **House-wife**
At Home

11. Industry or business _____

MOTHER FATHER

12. Name **James Stewart**

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

14. Maiden name **Mary Murphy**

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

16. (a) Informant **Jeannette Salisbury**
(b) Address **2856 Henrietta Street**

17. (a) **burial** (b) Date thereof **4-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Lebanon Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**
(b) Address **2301 Lafayette Avenue**

19. (a) **APR 23 1947** (b) **J. Fredrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**
year **1947** hour **7:05** minute _____ M.

21. I hereby certify that I attended the deceased from **April 4th**, 1947, to **April 20th**, 1947,
that I last saw her alive on **April 20-10:00am**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **APoplexy** Duration _____

Due to **Arterio-sclerosis**

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? _____

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

23. Signature: **J. Fredrick** (Name of physician or other)
Address: **1620 So Jefferson** Date signed **4/20**

Dr. John Burchman
1625 So Jeff.

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.....

L R Cooper

Licensed Embalmer No. *3633*

P. O. Address *201 Lafayette*

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.