

FILED OCT 24 1947 318  
Registration District No.

Primary Registration District No.

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: **311 W. Steins**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri**..... (b) County..... **rou**  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **311 W. Steins**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Elizabeth Salyer**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **14**  
 year **1947** hour **10** minute **30**  
 21. I hereby certify that I attended the deceased from **9-16-46**  
 to **10-14-47**  
 that I last saw **her** alive on **10-14-47**  
 and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced..... **married**  
 6. (b) Name of husband or wife..... **Harry Salyer**  
 6. (c) Age of husband or wife if alive..... **70** years  
 7. Birth date of deceased..... **April 6 1871**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Coronary Occlusion of the heart**  
**Mycarditis (Ch)**  
**Myocardium**

8. AGE: Years Months Days If less than one day  
**76 6 8** hr. min.

Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death).....  
 Major findings: Of operations.....  
 Of autopsy.....

9. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... **house wife**  
 11. Industry or business..... **at home**  
 12. Name..... **William Faeber**  
 13. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... **Helen Niggemann**  
 15. Birthplace..... **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Harry Salyer**  
 (b) Address..... **311 W. Steins**  
 17. (a) **burial**..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **St. Peter & Paul**  
 18. (a) Signature of funeral director..... **Fendler Und. Co.**  
 (b) Address..... **7420 Michigan Ave.**  
 19. (a) **OCT 16 1947**..... (b) **J. J. Bredek**  
(Date received local registrar) (Registrar's signature)

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..... (Y) Means of injury.....  
 23. Signature..... **W. J. Salyer**..... (M. D. or other)  
 Address..... **602 S. Broadway**..... Date signed..... **10-15-47**

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

MOTHER FATHER

DR 0102  
Do- 3560

7602 8th Avenue  
St Louis

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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 \_\_\_\_\_

*W E Morris*

Licensed Embalmer No. 3360

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.