

No. 300  
-10-47  
5-17-39  
WI 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAY 11 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43795  
Registrar's No. 142

Registration District No. 316

Primary Registration District No. 6075

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

1. PLACE OF DEATH:  
(a) County St. Francis  
(b) City or town St. Francis, Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois <sup>94</sup>  
(c) City or town St. Francois <sup>6</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 806 Monroe <sup>0</sup>  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Alice Salamondier  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 30  
year 1948 hour 5 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from April 9  
1948 to April 30 1948  
that I last saw her alive on April 30 1948  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alonso Frank 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased: June 5 1882  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_  
Due to arterio sclerosis

8. AGE: Years 65 Months 10 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jess La Parte

13. Birthplace St. Genevieve County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Judith La Parte

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

16. (a) Informant Alonso Frank Salamondier

(b) Address St. Francis, Mo.

17. (a) Burial (b) Date thereof May 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery, St. Francois

18. (a) Signature of funeral director Edward E. Biv  
(b) Address Flat River, Mo.

19. (a) 5-7-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
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 place)  
(e) Means of injury \_\_\_\_\_  
23. Signature C. H. Campbell (M. D. or other) MD  
Address Flat River, Mo. Date signed 5-3-48

RECEIVED

District Health Officer No. 4  
District File Number 548-611  
Date Filed 5-10-48

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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.A. Baldwin  
Licensed Embalmer No. 3317  
P. O. Address Flat River ms

**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.**