FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22277

Primary Registration District No. 1000

Registrar's No. 787

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1320 So. 25th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: STEPHAN J. SALANSKI

3. (b) If veteran, name war: None

3. (c) Social Security No.: 500-07-3162

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Virginia

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: January (Month) 9, (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	6	5	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Plant Superintendant

11. Industry or business: Dannen Milling Co.

FATHER
12. Name: John Salanski
13. Birthplace: Unknown (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name: Nellie Groh
15. Birthplace: Unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant: Virginia Salanski (wife)
(b) Address: 1320 So. 25th St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: John E. Kupp
(b) Address: 6054 Pryor Ave., City

19. (a) 7-27-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14, year 1948 hour 2 minute :20 A.M.

21. I hereby certify that I attended the deceased from July 13, 1948 to July 14, 1948 that I last saw him alive on July 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Second or third degree burns over entire body.	3½ hr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: July 13/48
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? yes (e) Means of injury: Explosion

23. Signature: E. Dorfsadegan (M. D. or other)
Address: 620 Francis Date signed 7/20/48.
St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.