

Registration District No. 318  
Primary Registration District No. 1005

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:  
3846 Mc Donald  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 60 years (Specify whether  
 years, months or days)

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Arlie C. Sallman  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased March 13 1888  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business The Lutheran Hour

MOTHER FATHER  
 12. Name Herman Boettcher  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Pauline Weiss  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

(a) Informant Mr. William Boettcher  
 (b) Address 114 Lemay Ferry Road, Lemay

17. (a) Burial (b) Date thereof 12-18-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., INC.  
 (b) Address 1936 St. Louis Ave.

19. (a) DEC 18 1948 J. B. Spector  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3846 Mc Donald  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 16  
 year 1948 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 15 1947 to Dec 16 1948  
 that I last saw her alive on Dec 15 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Due to Hypertensive Heart Disease 2 yrs.  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
9/5/48

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature George A. Sullivan MD  
 Address 421 W. Schumacher Date signed 12/17/48

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

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

*Max R. Waigel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

**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.**