

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17663**  
Registrar's No. **4504**

#12746

318

PRIMARY REG. DIST. NO.

1003

BIRTH NO.

REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>0000</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>		j. STREET ADDRESS (If rural, give location) <b>29 2845a Chippewa St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>( JACK )</b> c. (Last) <b>PHILLIP SALZMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20th, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19, 1889</b>
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipefitter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Southern Equip. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Phillip Salzmänn</b>		13b. MOTHER'S MAIDEN NAME <b>Alvina Klausung</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Salzmänn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-14-5422</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elsie Salzmänn, 2845a Chippewa St.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Interval between onset and death <b>14 days</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>930</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>5/16/49</b> , 19 <b>49</b> , to <b>5/20/49</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>5/20/49</b> , 19 <b>49</b> , and that death occurred at <b>4:40 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. M. Larkin, M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Ave.,</b>	
23c. DATE SIGNED <b>5/20/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 23, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 21 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Witt Bros. L. &amp; U. Co. 2929 S. Jefferson</b>			

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

NOV 17 1948

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.....

*Davis*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edgar F. With*

Licensed Embalmer No. *2117*

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.