

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28621
State File No. 7596
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 5430 Chippewa St.	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) D. c. (Last) Salmon	4. DATE OF DEATH (Month) (Day) (Year) September 6, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 26, 1895	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Freight Agent	10b. KIND OF BUSINESS OR INDUSTRY Canadian Pacific R.R.	11. BIRTHPLACE (State or foreign country) Indianapolis, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Salmon	13b. MOTHER'S MAIDEN NAME Nora O'Keefe	14. NAME OF HUSBAND OR WIFE Marie V. Salmon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO. 706-03-9889	17. INFORMANT'S SIGNATURE OR NAME Marie V. Salmon	ADDRESS 5430 Chippewa St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5/20/50 5/1/50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumoniae		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H42X
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22. I hereby certify that I attended the deceased from **5/1/50**, 19___, to **9/6/50**, 19___, that I last saw the deceased alive on **9/2/50**, 19___, and that death occurred at **8:30P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>John Salmon</i>	(Degree or title)	23b. ADDRESS 3108 South Grand	23c. DATE SIGNED SEP 7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/8/50	24c. NAME OF CEMETERY OR CREMATORY Holy Cross Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana.
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DATE REC'D BY LOCAL REG. SEP 7 1950	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Gebken*benz Mortuary	ADDRESS 2842 Meramec St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Paully

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....

Joe S. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 Mo.

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.