

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28978**

FILED AUG 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **9066** Registrar's No. **2834**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> <b>4003</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2079</b>	
c. LENGTH OF STAY (In this place) <b>54</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION U.S. Public Health Service Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>5512 Gilmore St.</b> <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>	b. (Middle) _____	c. (Last) <b>Salamone</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 1951</b>
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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>June 19, 1891</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Italy</b> <b>5</b>	12. CITIZEN OF WHAT COUNTRY? <b>Amer.</b>
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13a. FATHER'S NAME <b>Anthony Salamone</b>	13b. MOTHER'S MAIDEN NAME <b>Jose</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Salamone</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b> <b>W.W.I</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Clinical records of U.S. Pub. Health Serv. Hosp</b>	ADDRESS <b>Kirkwood, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b> <b>1-3 wks</b> <b>10 yrs.</b> <b>2 wks.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe myocardial disease</b>		
	ANTECEDENT CAUSES <b>Pulmonary infarction</b> DUE TO (b) <b>Hypertensive cardiovascular disease</b> <b>Probable thrombophlebitis of leg veins</b> DUE TO (c) <b>veins</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443X</b>			

19a. DATE OF OPERATION <b>X</b>	19b. MAJOR FINDINGS OF OPERATION <b>X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **July 6, 1951**, to **July 31, 1951**, that I last saw the deceased alive on **July 31, 1951**, and that death occurred at **6:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert J. Trautman</b> (Degree or title) <b>Robert J. Trautman, A. Surg. USPHS</b>	23b. ADDRESS <b>Kirkwood, Mo</b>	23c. DATE SIGNED <b>Aug. 1, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 7, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lucas &amp; Hunt Road St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-4-51</b>	REGISTRAR'S SIGNATURE <b>Robert P. Tomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 11 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Lina C. Hoffmann*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.