

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43303

State File No.

11604

FILED JAN 16 1952

318

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Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>	
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>S.</u> c. (Last) <u>Salas</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>December 27, 1951.</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 26, 1922.</u>	
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Dyed Maker</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Dyed Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Miguel Salas</u>			13b. MOTHER'S MAIDEN NAME <u>Guadalupe Ortega</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Salas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Salas</u> ADDRESS <u>1925 Sullivan</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>acute bronchopneumonia, gangrene of leg</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Neplrotic stage Chf.</u> DUE TO (c) <u>renal Neplrotic</u> II. OTHER SIGNIFICANT CONDITIONS <u>Interstitial</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 years</u>	
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) _____		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? <u>592X</u>				22. I hereby certify that I attended the deceased from <u>Nov. 1951</u> , to <u>Dec 27, 1951</u> , that I last saw the deceased alive on <u>Dec 27, 1951</u> , and that death occurred at <u>5:00 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Paul K. Wolff MD.</u> (Degree or title)		23b. ADDRESS <u>721 Olive St.</u>		23c. DATE SIGNED <u>12-29-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE RECD BY LOCAL REG. <u>DEC 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u>			

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

APR 10 1937

Handwritten notes in Arabic script, possibly a date and name.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Glew W. Hay

Licensed Embalmer No. _____

3731

P. O. Address _____

St. Louis, 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.