No. 300
10.48

FILED MAY 9 - 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15123

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1177

+00

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1596 Lucas & Hunt Rd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
d. STREET ADDRESS (If rural, give location): 1596 Lucas & Hunt Rd.

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**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): Louise W (Minnie) Salzmann

**4. DATE OF DEATH** (Month) (Day) (Year): May 2 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Oct. 13 1880
**9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (State or foreign country): St. Louis Mo.
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**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George Gruenloh
**13b. MOTHER'S MAIDEN NAME**: Ann Bolte
**14. NAME OF HUSBAND OR WIFE**: Edward Salzmann Dec.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Wilbur Salzmann 1596 Lucas & Hunt

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis General
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
4200

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-25, 1951, *to* 5-2, 1952, *that I last saw the deceased alive on* 5/2, 1952, *and that death occurred at* 10:30a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] Mo
**23b. ADDRESS**: 730 Hodiamont
**23c. DATE SIGNED**: 5/2/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 5 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Zion Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.**: 5-3-52
**REGISTRAR'S SIGNATURE**: Herbert R. Domke MD
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Jos. W. Clark 1125 Hodiamont Ave.

SW (Licensed Embalmer's Statement on Reverse Side)

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

Dr.L.F.Hayden
730 Hodiamont Ave,
Ca.7201
Sat.1 PM

## 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 Alfred F. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**