V.S. No. 300
Rev. 10.46

XC 2 430 834
Reg.# 111801

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27333

BIRTH NO. FILED AUG 6 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2018

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: LEMAY 4870
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 212 W. RIPA

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) B. c. (Last) SALLS
4. DATE OF DEATH (Month) (Day) (Year): 7-22-53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 7-13-1879
9. AGE (In years last birthday): 74 | 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): CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): MEHLVILLE, MO.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: BENJAMIN SALLS
13b. MOTHER'S MAIDEN NAME: MARY BUCKLEY
14. NAME OF HUSBAND OR WIFE: DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSP. RECORDS, VAH, JEFF. BRKS., MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) - - - -
DUE TO (c) - - - -
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: - - - - 4200
20. AUTOPSY? YES [X] 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* 7-5-1953, *19*, *to* 7-22-1953, *19*, *th*~~at I last saw the deceased alive on~~, *and that death occurred at* 2:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. H. Zeller M.D.
23b. ADDRESS: VA HOSP., JEFF. BRKS., MO.
23c. DATE SIGNED: 7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 7-23-53
REGISTRAR'S SIGNATURE: Herbert R. Donk, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis 11 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No 2679

P. O. Address 7814 S. Paradise

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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