

THE DIVISION OF HEALTH OF MISSOURI
 FILED NOV 15 1954 STANDARD CERTIFICATE OF DEATH

State File No. **33257**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **396**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAYTON MO.	
b. CITY OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 2 DYS	c. CITY OR TOWN CLAYTON
d. FULL NAME OF HOSPITAL OR INSTITUTION 909 NORMAL AVE.		STREET ADDRESS (If rural, give location) 6377 S. Wood	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) JOHN	c. (Last) SALESKA	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 20, 1902	9. AGE (In years last birthday) Months Days Min. 52 5 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY MINISTER	11. BIRTHPLACE (City and State or Foreign Country) LANSING MICHIGAN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN SALESKA	13b. MOTHER'S MAIDEN NAME AUGUSTA STAHEL	14. NAME OF HUSBAND OR WIFE MRS. LYDIA DAU SALESKA
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Saleska, 1177 7th St. St. Louis Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH 2 hour
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 4201	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) m.	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 6, 1954**, to **Nov 6 - 1954**, that I last saw the deceased alive on **Not seen**, and that death occurred at **11:07** m., from the causes and on the date stated above.

23a. SIGNATURE William J. Oehler M.D.	(Degree or title) 23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 11-10-54
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE NOV 7 - 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethelmen Cem	24d. LOCATION (City, town, or county) (State) St. Louis MO
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DATE REC'D BY LOCAL REG. 11-12-54	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradenweiden Funeral Home St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

NOV 18 1938

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..... *W. H. Ester*

Licensed Embalmer No. *357*
P. O. Address *Orange, Va.*

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.