

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>East St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>3128 Market Avenue</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Sterling</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Salisbury</b>	<b>3-18-56</b>		
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>10-19-97</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Wesley Salisbury</b>	13b. MOTHER'S MAIDEN NAME <b>Maude Treffy</b>	14. NAME OF HUSBAND OR WIFE <b>Camilla Salisbury</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LEFT LUNG</b>		DUPLICATE		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUPLICATE		
		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 <b>163x</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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?

22. I hereby certify that I attended the deceased from **3-12**, 19**56**, to **3-18**, 19**56**, and that death occurred at **9:15p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. T. Kamaskas</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>915 N. Grand Blvd. VAH, ST. LOUIS, MO.</b>	23c. DATE SIGNED <b>3-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>March 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miller Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pinckneyville, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>MAR 19 1956</b>	REGISTRAR'S SIGNATURE <b>Charles Smith Mo</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Charles Burrows St. Louis, Ill</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21001

**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

*Not Embalmed*

Signed.....  
*Charles B. Kurvus*

Licensed Embalmer No.....

P. O. Address .....

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.