Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042187
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10458

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo. — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 02 Alexian Bros Hosp — Length of stay in 1b 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson

c. CITY OR TOWN 050 R. R. Arnold, Mo. — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 29 R. R. Arnold, Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edmund Middle F. Last Salland

4. DATE OF DEATH Month Oct Day 30 Year 1958

5. SEX M. 0

6. COLOR OR RACE W.

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐

8. DATE OF BIRTH Aug. 21, 1867

9. AGE (In years last birthday) 91 — 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) Priest

10b. KIND OF BUSINESS OR INDUSTRY Church

11. BIRTHPLACE (City and state or country) St. Charles, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Edmund Salland Sr.

13b. MOTHER'S MAIDEN NAME Agnes Range

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Rev. Walter Fuchs Arnold, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Hypostatic — INTERVAL BETWEEN ONSET AND DEATH 2 dy
Conditions if any, which give rise to above cause (b), stating the underlying cause last. DUE TO (b)
DUE TO (c) 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture — Lft Hip 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Oct. 24-58 — Fell in his room

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 29 Home

20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY 000 STATE

21. I attended the deceased from 10/25/58, to 10/30/58 and last saw him alive on 10/30/58
Death occurred at 9 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rinezia Md.

22b. ADDRESS 8059 Watson Rd

22c. DATE SIGNED 10/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Oct 30, 58

23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception

23d. LOCATION (City, town, or county) Cem. Arnold, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Heiligtag Funeral Home Imperial, Mo.

25. DATE RECD. BY LOCAL REG. OCT 31 1958

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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