

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED MAR 28 1961

2551-61-011511

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2551 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 3001 Rauschenbach	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES F. SAULTER		4. DATE OF DEATH Month Day Year MARCH 15, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/5/1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman		10b. KIND OF BUSINESS OR INDUSTRY Shoes	9. AGE (last birthday) 38
11. BIRTHPLACE (City and state or country) Franklinton, Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Saulter		13b. MOTHER'S MAIDEN NAME Eylamae Welch	14. NAME OF HUSBAND OR WIFE Martha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	17. INFORMANT Martha E. Saulter, 3001 Rauschenbach
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Right Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) Decease pneumonia (c) Fulminant pericarditis 491X			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac arrest			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/13/61 to 3/15/61 and last saw her him alive on 3/15/61 Death occurred at 3:35A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert L. Malenck M.D.		22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 3/15/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-16-61	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Franklinton, Ia.
24. FUNERAL DIRECTOR St. Louis Funeral Home, 2205 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. MAR 16 1961	26. REGISTRAR'S SIGNATURE Loard Smith M.D.

St. Louis Funeral Home, 2205 St. Louis Ave. MAR 16 1961 Loard Smith M.D.

**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 *John J. Harris*

Licensed Embalmer No. 4108

P. O. Address St Louis 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.