

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 181
 Township..... Primary Registration District No. 181
 City St. Louis (No. St. Lukes Hosp.)

File No. 33031
 Registered No. 9912
 St. Ward)

2. FULL NAME

Charles Sallade

(a) Residence. No. 1824 Kennett Pl., St., 23 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 - 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>9</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none school
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ills.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James E. Sallade
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Gertrude Good
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

14. INFORMANT James E. Sallade
 (Address) 1824 Kennett Pl.

15. FILED SEP 23 1931 Max C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Sept 22, 1931 that I last saw him alive on Sept 22, 1931, and that death occurred, on the date stated above, at 5:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis, chronic

CONTRIBUTORY (SECONDARY) Rheumatic heart disease
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? E. H. S.
 (Signed) Edmund Schmittke, M.D.

. 19 (Address) St. Lukes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Chatham Ills

DATE OF BURIAL

Sept 23 19 31

20. UNDERTAKER

H. J. Leidner and Co.

ADDRESS

1417 N. Market

