N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

31081
Do not use this space.

1. PLACE OF DEATH SEP OCT 12 1938
(a) County Delo8E Hospital
(b) Township
(c) City St Louis Missouri (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8518

2. PRINT FULL NAME Elizabeth Salmon 1155
(a) Residence, No. 3523 Conneticut Ave St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alonzo B. Salmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18 1878

7. AGE: 60 YEARS | MONTHS: 4 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER
13. NAME: Edward Lavelle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Margaret Mangrom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Harvey Salmon 3523 Conneticut

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 9/30 1938

19. FUNERAL DIRECTOR (ADDRESS): Meek & Dickman 3039 Easton

20. FILED SEP 28 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/38, 19..., to 9/26/38, 19...
I last saw her alive on 9/26/38, 19... Death is said to have occurred on the date stated above, at 5-15 pm.
The principal cause of death and related causes of importance were as follows:

Acidosis (diabetic).
Septicemia from infected gangrenous foot.

Other contributory causes of importance: Diabetes mellitus.

Date of onset

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Warren S Manton, M. D.
(Address) 609 - N Grand St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Delaney

640

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)