

REC'D APR 12 1939

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

8730
Do not use this space.

1. PLACE OF DEATH

(a) County 9 Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis, Missouri (d) Street No. 3215 a Utah St. **Utah**
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **2495**

2. PRINT FULL NAME Henry Salzmann

(a) Residence, No. 3215 a Utah St. **16** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Salzmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as saw mill, bank, etc. Church
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) Unknown Germany

FATHER 13. NAME Fred Salzmann **6**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany **6**

MOTHER 15. MAIDEN NAME Marie Oeste **6**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. Amelia Salzmann
(ADDRESS) 3215 Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's DATE March 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED 19 J. F. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 4, 1939

22. I HEREBY CERTIFY that I attended deceased from June 1937, 1937, to March 17, 1939
I last saw him alive on March 14, 1939. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Crony thrombosis
chronic myocarditis
cardiac decompensation
Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? opsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) S. H. Major M. D.
(Address) 50 Pick Hall Bldg.

MAR 16 1939

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.

JUN 6 1956

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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 this body is not embalmed, above space should be left blank.