

REC'D APR 12 1939

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

8772
Do not use this space.

791
1008

2537

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City, ST. LOUIS (d) Street No., DESLOGE HOSPITAL Registered No.
(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.

2. PRINT FULL NAME

(a) Residence, No. 746 EASTGATE AVE St. 5 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>FRANK REEDY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 13 - 1873</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>MICHAEL SALMON</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>	
MOTHER	15. MAIDEN NAME <u>CATHERINE FITZPATRICK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>	
17. INFORMANT (ADDRESS) <u>Frank J. Reedy 7280 Northwood Dr.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEM</u> DATE <u>MCH. 18 - 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. MULLEN UND. CO 515 DELMAR BLVD</u>		
20. FILED <u>MAR 17 1939</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to 3/16 1939
I last saw him alive on 3/15 1939. Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:
Cause of Death

Date of onset

Other contributory causes of importance: None

Name of operating physician Richard J. Reedy Date of 3/17/39
What test confirmed diagnosis? Smear Was there an autopsy? no

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? no
If so, specify
(Signed) W. M. [Signature] M. D.
(Address) 729 Mrs. Theodor Berg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X1422

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 _____

Licensed Embalmer No. 3114

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.