

STANDARD CERTIFICATE OF DEATH

State File No. 20743

Registrar's No. 5587

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 hours
 (Specify whether
 In this community About 40 years.
 years, months or days)

3. (a) PRINT FULL NAME Josephine Salamoni 4553. (b) If veteran, name war _____ 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Nato Salamoni 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 10, 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 9 13 hr. _____ min.9. Birthplace Italy
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name Salvatore Caito13. Birthplace Italy
(City, town, or county) (State or foreign country)14. Maiden name Angela Unknown
(City, town, or county) (State or foreign country)15. Birthplace Italy
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm Caito(b) Address 4537 San Francisco17. (a) Burial (b) Date thereof June 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Joseph Michael(b) Address 1431 Union Blvd19. (a) JUN 24 1939 (b) Joseph Michael
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1008 N. 10th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. about 40 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1939 hour 3 minute 05a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis Duration _____

Due to _____

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph Michael (If other, specify) _____Address Deputy James 6/24

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.....

Larry M. White

Licensed Embalmer No. *3973*

P. O. Address *1133 21st 6th St.*

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.