

No. 2  
4-13-40  
-17-39  
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

8896

State File No. ....

Registration District No. 7911

Primary Registration District No. ....

Registrar's No. 2306

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2856 Henrietta Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0023  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2856 Henrietta Street 9  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME FRANCIS ORIN SALISBURY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CARRIE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 4, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 3 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monmouth, Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation Artist

11. Industry or business Retired

12. Name John S. Salisbury

13. Birthplace Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thorne

15. Birthplace Indiana /  
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Salisbury  
(b) Address 2856 Henrietta Avenue

17. (a) burial (b) Date thereof March 15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Avenue

19. (a) MAR 13 1941 (b) J. M. Bueber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1941 hour 1 minute 35 a.m.

21. I hereby certify that I attended the deceased from 3/4, 1941, to 3/12, 1941  
that I last saw him alive on 3/11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 1/2

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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) (c) Means of injury 0

23. Signature O. C. Farnes (M. D. or other)  
Address 3157<sup>th</sup> Park Date signed 3/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0079

**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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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

**If this body is not embalmed, fact should be so stated above.**