

FILED NOV 2 1945
318

Primary Registration District No. 1003

Registrar's No. 9119

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mae Honora Salisbury
3. (b) If veteran, name war Nil
3. (c) Social Security No. 340-09-4684

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elwin D. Salisbury
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 27 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 22
If less than one day hr. min.

9. Birthplace Attleboro Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John White
13. Birthplace Attleboro Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Deneen
15. Birthplace Oswego New York
(City, town, or county) (State or foreign country)

16. (a) Informant Elwin D. Salisbury
(b) Address Chicago, Ill.

17. (a) Removal (b) Date thereof 10-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 10-22-45 (b) J. J. Menech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 2608 W. 60th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1945 hour 11:00 minute 25 P. M.

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Coronary Thrombosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) (a) Means of injury
Signature of physician Patrick E. Taylor, Dep. Cor.
Address 1300 Clark Date signed 10-22-45

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

MOTHER FATHER

6116

FBI 1947

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

W. W. Wilkins

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, fact should be so stated above.