

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. ....

Registrar's No. ....

**FILED** JUL 26 1946

Registration District No. ....

Primary Registration District No. ....

1005

6208

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital 17  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1280 a Morton  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1946 hour 8:50 minute 2 M.  
21. I hereby certify that I attended the deceased from July 5  
1946, to July 13, 1946  
that I last saw her alive on July 13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction  
atelectasis (massive) pulmonary  
pneumonia lobae  
Due to Tuberculosis  
Postoperative gall bladder  
Due to surgeries  
Cholelithiasis Cholecystitis  
Other conditions Endometritis  
(Include pregnancy within 3 months of death)

Duration  
24 hrs  
24 hrs  
48 hrs  
3 day  
5 yrs  
3 yrs

PHYSICIAN

Major findings:  
Of operations Cholelithiasis  
Cholecystitis  
Of autopsy as above

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? \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Cozzens Houseman Salter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Joseph Henry Salter 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 22 1911  
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 24  
If less than one day hr. 1 min.

9. Birthplace Ferguson, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Carl Orthwine Houseman  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cozzens Herford  
15. Birthplace Ferguson, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Salter  
(b) Address 1280 a Morton, St. Louis Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 16/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Alexander Dora  
(b) Address 6175 Delmar

19. (a) JUL 15 1946 (Date received) J. F. Budeck (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. Brangis (M. D. or other) MD  
Address 4957 Maryland Date signed 7/13/46

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

MOTHER, FATHER

H. S. Pranger  
1952 Maryland  
1 to 5 PM

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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 Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6133 Pellmar

**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.**