

No. 2  
-12-45  
5-17-39  
1 X47070

FILED DEC 2 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9948**

**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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Clarence Salters

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Jessie Salters

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

7. Birth date of deceased January 30th, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	9	16	hr. min.
----	---	----	----------

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

10. Usual occupation Laborer

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

12. Name William Salter

13. Birthplace Unavailable, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Barbra Williams

15. Birthplace Unavailable, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Ford

(b) Address 2806 Gamble Street

17. (a) Burial (b) Date thereof 11/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (c) NOV 21 1946 (Date received local registrar)  
J. F. Braddock (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County and

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2806 Gamble St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 16  
year 1946 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11-14, 1946, to 11-16, 1946  
that I last saw him alive on Nov. 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation

Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

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

Of autopsy No

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 E. B. Williams (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 11/14/46

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

MOTHER FATHER

**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.....

..... Thomas J. Gates ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No..... 4259 .....

P. O. Address..... 4107 Finney Avenue .....

**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.**