

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

FILED DEC 12 1946  
Registration District No. 377

Primary Registration District No. 9070

State File No. \_\_\_\_\_  
Registrar's No. 3411

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
145 S ELM AVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 65 YRS In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 9/2

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 145 S ELM AVE  
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME MARY SALVETER ALLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife I. C. WALTER ALLEY 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased OCTOBER - 30 - 1878  
(Month) (Day) (Year)

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

68 1 2 — hr. — min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name HENRY C. SALVETER

13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN DICKINSON

15. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Alley

(b) Address 145 S ELM AVE

17. (a) BURIAL (b) Date thereof DEC. 4 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO

19. (a) 12-5-46 (b) Anthony Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
year 46 hour \_\_\_\_\_ minute \_\_\_\_\_ 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 self-administered carbon monoxide poisoning at her home Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

XXXXX

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) Suicide

(b) Date of occurrence Dec. 2, 1946.

(c) Where did injury occur? Webster Groves, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In kitchen of home.

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury Asphyxia

23. Signature Arnold J. Willman (M. D. or other) Coroner

Address Dayton, Mo. Date signed 12/4/46

MAR 7 1957

MAR 9 1957  
JAN 29 1957

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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wester Grove N.J.*

**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.**