

S. No. 2
DOM-5-43
Rev. 5-17-39
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U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42907
Registrar's No. 10711

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: 318
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4831a St. Louis Ave.
(d) Length of stay: In hospital or institution Mary Ann Salmons
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6:00
(c) City or town St. Louis
(d) Street No. 4831a
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Salmons

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased Nov. 28th 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business James Collins

12. Name Tenn. 13. Birthplace

14. Maiden name Mary O' Barr 15. Birthplace Tenn.

16. (a) Informant Mr. Berryman (b) Address 4831a St. Louis Ave.

17. (a) Burial (b) Date thereof 12/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark.

18. (a) Signature of funeral director Sullivan Funeral Dir. (b) Address 2849 North Euclid Ave.

19. (a) Date received local registrar Dec-14-46 (b) Registrar's signature J. F. Bruden

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 12-1-1946 to 12-13-1946 that I last saw her alive on 12-13-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Deкомпensation Due to Myocarditis, Rheumatic Due to Arthritis, Rheumatic

Other conditions Arteriosclerosis, General (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy ok P.E.T. 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? (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 Signature Nicholas Stitale (M. D. or other) MD Address 3861 St. Louis Ave. Date signed

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

MOTHER FATHER

1003
818
11701

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

Robert L. Dinkman

Licensed Embalmer No. *3553*

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.