No. 2
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5-17-39
X47070

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

3-10-47

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7265

Registration District No. 377 Primary Registration District No. 3069 Registrar's No. 472

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Hts

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

(c) Name of hospital or institution: St Marys Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Odd

(c) City or town St Louis MO 17

(If outside city or town limits, write "RURAL")

(d) Street No. 1901 Desota Ave 9

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Salfen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 10 TH 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	21	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Sebastian Salfen

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

MOTHER 14. Maiden name Margareth Bettels

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

16. (a) Informant Lena Meinert

(b) Address 1901 Desota Ave 1947

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 Th (Month) (Day) (Year)

(c) Place: burial or cremation Dardenne Mo Cem.

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) 3-4-47 (Date received local registrar) (b) Ruth Gillen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 2 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Feb 28, 1947, to MAR 2, 1947; that I last saw him alive on 3/2/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PN - RT. UPPER + LFT LOWER. — Duration: 2 days?

Due to NO CAUSITIVE ORGANISM FOUND

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy AS ABOVE

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Myers (M. D.)

Address 539 N. Grand Date signed 3/3/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 194

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 John Keller

Licensed Embalmer No. 3880

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.