

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11479**
 Registrar's No. **2929**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis mo
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4231 E. Garfield Co
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME RICHARD SALON
 3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro
 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 _____
 (Month) (Day) (Year)

8. AGE: Years alt 54 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace New Madrid MO (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9
 13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Anna Rivers
 15. Birthplace New Madrid MO (City, town, or county) (State or foreign country)

16. (a) Informant Cora Morris
 (b) Address 4365 Fairfax ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/20-47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Arthur Broe
 (b) Address 3644 Finney ave
 19. (a) MAR 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 11 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4231 E Garfield ave 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 15
 year 1947 hour 3 minute 109 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd degree burns of entire body; suffered as a fire in yard with rear of 4231 Garfield Ave. on March 15, 1947 at about 2:20 AM

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 181
 Of operations _____
 Of autopsy 15

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) Accident
 (b) Date of occurrence March 15, 1947
 (c) Where did injury occur? St. Louis MO (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
that had no home
 (Specify type of place) (e) Means of injury burns
 While at work? _____
 23. Signature Thomas J. Callahan (M. D. or other) 3
 Address Corner Date signed 3-17-47

MAY 1 1947

Not Embalmed

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..... *L. V. McKinnis*

Licensed Embalmer No.....

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.