

FILED OCT 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. **35771**  
 Registrar's No. **4096**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood, 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>58 Yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>516 Bedford Oak Drive</b>		d. STREET ADDRESS (If rural, give location) <b>516 Bedford Oak Drive</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Saloch</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watch Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>(Ludwig.) Saloch</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Augusta Bleck</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Krahm</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Agnes Saloch</b>	ADDRESS <b>516 Bedford Oak Drive</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis, chronic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Valvular Disease</b>			<b>1 year</b>
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4222</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug**, 19**48**, to **Oct 6**, 19**49**, that I last saw the deceased alive on **Oct 6**, 19**49**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Beiderwieden</b> (Degree or title) <b>D. M.D.</b>	23b. ADDRESS <b>508 N Grand</b>	23c. DATE SIGNED <b>10-7-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 10, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-8-49</b>	REGISTRAR'S SIGNATURE <b>Robert W. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN W. H. INC.</b>	ADDRESS <b>1936 St. Louis Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
96  
4  
3

Dr. A. G. Heideman,  
508 North Grand

1:00 - 5:00 P.M.

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**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4117

P. O. Address 936 N. L. St.

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.