

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18546
State File No. _____
4906
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4320 Arco Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
		18 STREET ADDRESS (If rural, give location) 4320 Arco Avenue 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Louis	b. (Middle) Otto	c. (Last) Salzman	May 24 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/15/1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Hours 5 Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R Etired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Aurora, Ind		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles F. Salzman	13b. MOTHER'S MAIDEN NAME Hulda Schrieber	14. NAME OF HUSBAND OR WIFE Audrey Ladd Hall Salzman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Spanish American	17. INFORMANT'S SIGNATURE OR NAME Audrey L. Salzman ADDRESS 4320 Arco St L.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) - (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 137X

22. I hereby certify that I attended the deceased from 5/14, 1951, to 5/24/51, 19 , that I last saw the deceased alive on 5/24/51, 19 , and that death occurred at 4:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard W. Maxwell M.D.	23b. ADDRESS 3720 Washington Blvd	23c. DATE SIGNED 5/24/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/26/51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetary
		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REG. MAY 26 1951	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Road
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.