

## STANDARD CERTIFICATE OF DEATH

43792

State File No. ....

FILED JAN 10 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11522

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Flordel Hills 4140	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 7028 Glenboro Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) H. c. (Last) SALTER	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1906
9. AGE (In years last birthday) 46		10. MONTHS 9	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co. St. Louis, Missouri	
11. BIRTHPLACE (State or foreign country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Salter		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Cordelia Huss Salter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-01-0863	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cordelia Salter		7028 ADDRESS Glenboro	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive encephalopathy		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, malignant		Hours 1 mo?	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Failure, and Uremia		1 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Signed with permission of Coroner	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 445X			
22. I hereby certify that I attended the deceased from Nov. 14, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arthur K. Trostel MD		23b. ADDRESS 18 S. Kingshighway	
23c. DATE SIGNED 12-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 17, '52	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 15 1952		REGISTRAR'S SIGNATURE J. C. Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son		4746 ADDRESS W Florissant	

(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~~ Me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Isaac W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo.

**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.