

STANDARD CERTIFICATE OF DEATH

State File No. **3236**

FILED FEB 2 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0365

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give townshlp) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		c. LENGTH OF STAY (in this place) D.O.A.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Roger Ernest		b. (Middle) Sallman Roger c. (Last) Sallman	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 13, 1904	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Administration Maintenance	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ernest R. Sallman		13b. MOTHER'S MAIDEN NAME Mary Schnarenburg	
14. NAME OF HUSBAND OR WIFE Esther Sallman		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. 490-05-0591		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Sallman 1011 Theobald	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH 1 hr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease 6 yrs DUE TO (c) Generalized Arteriosclerosis 6 wks 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 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? 4201		22. I hereby certify that I attended the deceased from 1950 , 19___, to Jan 12, 1954 , that I last saw the deceased alive on Jan 5, 1954 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter J. Smith M.D.		23b. ADDRESS 4661 Lindbergh	
23c. DATE SIGNED 1/12/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-15-54		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REG. JAN 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold G. Burns*.....
Licensed Embalmer No.
P. O. Address *Alford*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**