

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>341</u>		Registrar's No. <u>2492</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>10 YRS.</u>		c. CITY OR TOWN <u>CLAYTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6457 CECIL PL</u>				STREET ADDRESS (If rural, give location) <u>6457 CECIL PL.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u>		b. (Middle) <u>Sydney</u>		c. (Last) <u>Salkey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1954</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 8, 1888</u>			
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u>17</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self-empl.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>LOS ANGELES CALIFORNIA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>JACOB SALKEY</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA K. KLINE</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA A. SALKEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. J. S. SALKEY</u>				ADDRESS <u>6457 CECIL PL.</u>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES DUE TO (b) <u>Old Myocardial Infarction</u>						<u>48 hrs.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Rheumatoid Arthritis</u>						<u>16 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Subdural Hemorrhage</u>						<u>4 yrs.</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>28 yrs.</u> , 19 <u>26</u> , to <u>Oct. 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 26</u> , 19 <u>54</u> , and that death occurred at <u>2:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Llewellyn Sale Jr</u>				(Degree or title) <u>M.D. C</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/26/54</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>CREMATION</u>		24b. DATE <u>10/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>10/26/54</u>		REGISTRAR'S SIGNATURE <u>W. H. Beckwith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BERMAN RINDSKOPF</u>		ADDRESS <u>INC. 5216 DELMAR BL.</u>			

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

Student.....  
Signature of Student Embalmer

Signed *John Ketter*.....

Licensed Embalmer No. *3880*

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