

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. **31437**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **76777**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac Hosp. Ass'n | | STREET ADDRESS (If rural, give location) 7503 Virginia Ave | |

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|--|---------------------------|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) Edward Louis | | b. (Middle) _____ | | c. (Last) Sallee | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1955 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 31, 1890 | | 9. AGE (in years last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Oliver Sallee | | 13b. MOTHER'S MAIDEN NAME Mary Callaghan | | 14. NAME OF HUSBAND OR WIFE Laura | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Sallee 7503 Virginia Ave. | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized. | | |
| | DUE TO (c) Lung Cancer. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 163x | |

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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) | |
| 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? | |

22. I hereby certify that I attended the deceased from **8-8**, 19**55**, to **8-29**, 19**55**, that I last saw the deceased alive on **8-29**, 19**55**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Hubert M. D. | | 23b. ADDRESS Mo. Pac Hosp | | 23c. DATE SIGNED 8-30-55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 9-2-55 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
|--|--|-------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. SEP 1 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler, Jr. 7128 Michigan Ave. | |
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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 Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence Hochow*.....

Licensed Embalmer No. *309*.....

P. O. Address *7128 Michigan*.....

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.