

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027408  
STATE FILE NUMBER 6657

FILED JUL 18 1958		Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 6657	
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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		Length of stay in lb 9 weeks 20 1/2		d. STREET ADDRESS (If outside, give location) 7309 Vermont		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Otto Middle J. Last Sallman			4. DATE OF DEATH Month July Day 1, Year 1958				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1886	9. AGE (In years last birthday) 72	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Elevator Operator		11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernst Sallman		13b. MOTHER'S MAIDEN NAME Mary Schnorrenberg		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or areas of service) Yes WW # 1		16. SOCIAL SECURITY NO. 492-09-7017		17. INFORMANT Ruth Sallman 7309 Vermont			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) arterio-sclerotic heart disease DUE TO (c) Parkinson's disease						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 mo 2 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 10, '58 to July 1, '58 and last saw her/him alive on July 1, 1958. Death occurred at 12 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.				22b. ADDRESS 7629 Ivory Ave.		22c. DATE SIGNED 7-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 5, 1958		23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		23d. LOCATION (City, town, or county) (State) St. Cyr Road ST. LOUIS MO	
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 781 1/2 So. Broadway St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. JUL 3 '58		26. REGISTRAR'S SIGNATURE Carl Smith M.D. mjb.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Levin C. Hoffmeister* .....

Licensed Embalmer No. *3871* .....

P. O. Address *7414 S. Broad* .....

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.