

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 9 0 0

FILED VS. JAN - 4 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **211459**

STATE FILE NUMBER

UNDECEASED

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		Length of stay in 1b	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 St. Anthony's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 322 1/2 So. Compton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Salmo Last Salmo			4. DATE OF DEATH Month December Day 9 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/1914	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John Salmo		13b. MOTHER'S MAIDEN NAME Mary Gornati	
14. NAME OF HUSBAND OR WIFE Iva		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, op. or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 493-10-3986	
17. INFORMANT Iva Salmo		17. ADDRESS 322 1/2 So. Compton			
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 last. DUE TO (b) Atherosclerosis of the Coronaries through out DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) 420.1			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 St. Louis Co., Mo.
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 120A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick E. Taylor (Degree or title) Cosover			22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 12/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Calcaterra Funeral Home, 511 1/2 Daggett Ave.			25. DATE RECD. BY LOCAL REG. DEC 10 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>mrb</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

