

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20611

**1. PLACE OF DEATH**

County Barry Registration District No. 20  
 Township ..... Primary Registration District No. 3003  
 City Mount Vernon (No. ....) St. .... Ward)

File No. ....  
 Registered No. 23  
 St. .... Ward)

**2. FULL NAME**

(a) Residence No. 720 Central St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 32 yrs. — mos. — da. How long in U.S., if of foreign birth? 54 yrs. — mos. — da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ms. Elizabeth Salzer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>1</u>	<u>14</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lumber dealer  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kashau  
 (STATE OR COUNTRY) Hungary

10. NAME OF FATHER Friedrich Salzer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hungary  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Salzer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hungary  
 (STATE OR COUNTRY)

14. INFORMANT Ed Salzer  
 (Address) Mount Vernon

15. FILE NO. 6-25, 1929 W. M. West  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1929

17. I HEREBY CERTIFY That I attended deceased from June 17, 1929 to June 21, 1929  
 that I last saw him alive on June 21, 1929, and that death occurred, on the date stated above, at 12:05 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Encephalitis Influenzae  
95%  
11%

CONTRIBUTORY (SECONDARY) Coronary Atherosclerosis  
 (duration) 5 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED 110  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF ...  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic of lungs  
 (Signed) Ed Salzer M. D.

6/22, 1929 (Address) 2200 1/2 rd

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL L.O.O. Cemetery DATE OF BURIAL June 25, 1929

20. UNDERTAKER Callaway ADDRESS Mount Vernon

JUL 23 1929

84  
14  
14  
14

