

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

Do not use this space.

JAN 18 1935

43604

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No.)

Registration District No. 508
Primary Registration District No. 306

File No.
Registered No. 1
St. Ward)

2. FULL NAME

John F. Saale

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baroline Saale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Franklin
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8 1/2
10. Date deceased last worked at this occupation (month and year) 9 7
11. Total time (years) spent in this occupation 10 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexa Gorain
France

MOTHER 13. NAME John Saale

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexa Gorain
France

MOTHER 15. MAIDEN NAME Anna M. Stolop

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Frank Saale
St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Jan 3 - 1935

19. UNDERTAKER (ADDRESS) Jas D. ...
St. Louis Mo

20. FILED Jan 2 1935 Paul H. ...
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 31 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 31 1934
I last saw him alive on Dec 30 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Dec 22 34
(Apoplexy)

Other contributory causes of importance:
Arteriosclerosis & Hypertension

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. H. ... M. D.
(Address) St. Louis, Mo

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.

