

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

Do not use this space.

21141

1. PLACE OF DEATH

County St Charles Registration District No. 756  
 Township North of the City Primary Registration District No. 5997  
 City West Alton Mo. (No. 2) St. 1 Ward

2. FULL NAME

John P Saale  
 (a) Residence, No. West Alton Mo St. 1 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND OF (OR) WIFE OF) Boschert Mary Saale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 2 1

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Our Farm  
 10. Date deceased last worked at this occupation (month and year) Sept 1 1936 11. Total time (years) spent in this occupation. 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Wisconsin Mo

FATHER  
 13. NAME Anton Saale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Germany France

MOTHER  
 15. MAIDEN NAME Mary Boschert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Mo.

17. INFORMANT (ADDRESS) Leo Saale West Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Immanuel Lutheran Cem. West Alton Mo. DATE 5/12 1937

19. UNDERTAKER (ADDRESS) John A. Hoch West Alton Mo.

20. FILED 5/12 1937 C. Q. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1937, to 5/8 1937. I last saw him alive on 5/8 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Carcinoma of Liver Date of onset 1931

Other contributory causes of importance:

Name of operation liver resection Date of 1938.  
 What test confirmed diagnosis? Bioopsy Was there an autopsy?

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) C. Q. Barnard, M. D.  
 (Address) Portage Wisconsin 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.

