

DEC 12 1938

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

791
1008

37664
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... St. Louis..... Primary Registration District No.....
(c) City..... City Hospital No. 1..... Registered No..... 9991
(d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 10991 Joseph Saake
2. PRINT FULL NAME

(a) Residence, No. 1921 Cherokee St. 24 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Saake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th, 1880.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 4 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Joseph Saake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Mary Meise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Hos. Info F. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE OF Lutherant Unity DATE 11-20-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zigler Bros. 2823 Cherokee Street

20. FILED NOV 19 1938 St. Brede Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/38 19

22. I HEREBY CERTIFY That I attended deceased from 10/26/38 to 11/18/38 I last saw him alive on 11/18/38 Death is said to have occurred on the date stated above, at 8.30 a.m. The principal cause of death and related causes of importance were as follows:

Staphylococcus septicaemia (unknown source) 133 Date of onset

Other contributory causes of importance: abscesses (metastatic) to kidneys; bronchopneumonia Primary seat of infection non-malignant Name of operation blood culture What test confirmed diagnosis? culture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury? 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) E. D. Smith, M. D. (Address) City Hospital #1

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. E. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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 this body is not embalmed, above space should be left blank.