

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

FILED AUG 28 1941

STANDARD CERTIFICATE OF DEATH

State File No. **23471**
Registrar's No. **5823**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis.**

(c) Name of hospital or institution: **De Paul Hospital**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis,**

(d) Street No. **4657 Ray Ave.**

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Herman Saller**

3. (b) If veteran, name war _____

3. (c) Social Security No. **488-03-9595**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13** year **1941** hour **7** minute **50** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Saller**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **July 22 1885**

21. I hereby certify that I attended the deceased from **1:26**, 19**41**, to **7:13**, 19**41**, that I last saw him alive on **7:12**, 19**41**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	55	11	9	_____ hr. _____ min.

Immediate cause of death **Coronary occlusion** Duration **8 days**

9. Birthplace **Missouri** (City, town, or county) _____ (State or foreign country) **0**

10. Usual occupation **Carpenter.**

Due to _____

Due to _____

Other conditions **none** (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name **Bernard Saller**

13. Birthplace **Germany** (City, town, or county) _____ (State or foreign country) **4**

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) _____ (State or foreign country) **4**

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Anna Saller**

(b) Address **4657 Ray Ave.**

17. (a) **Burial** (b) Date thereof **July 16, 41**

(c) Place: burial or cremation **New S.S. Peter & Paul**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **H. S. Maxwell**

(b) Address **1926 Allen Ave.**

19. (a) **JUL 15 1941** (Date received local registrar)

(b) **J. H. Bredich** (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Chas. Post** (M. D. or other) **Chas. Post**

Address **3500 N. Grand** Date signed **7/14/41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

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

Signed J. E. Moyall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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, fact should be so stated above.