

FILED DEC 3 1943
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **10213**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, give "RURAL" and name of township)
(c) Name of hospital or institution: Edgmont Shelter Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 1/2 Montgomery
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bernard Saale

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name John Saale

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

14. Maiden name Mary Ann Stoltz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. A. E. Westhoff
(b) Address 2194 Argonne Dr. Kirkwood, Mo.

17. (a) Burial (b) Date thereof 11/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. Kirkwood
(d) Signature of funeral director Mittellberg, H. W. ...
(e) Address Webster, H. ... Mo.

19. (a) NOV 22 1943 (b) J. F. ...
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 20
(If outside city or town limits, write "RURAL")
(d) Street No. Edgmont Shelter Home
Edgmont 5 32 1/2 Montgomery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20
year 1943 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to arterio sclerosis

Due to _____

Other conditions 9/4
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
While at work? _____ (g) Means of injury _____

23. Signature James J. ... (M.D. or other) _____
Address 1396 ... Date signed 11/22/43

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 *John M. Meyer*.....

Licensed Embalmer No. *3285*.....

P. O. Address *Kirkwood, Mo*.....

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.