

FILED APR 6 1945
Registration District No. 309

Primary Registration District No. 6050

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town "Rural" Portage Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Portage des Sioux, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town "Rural" Portage Township
(If outside city or town limits, write "RURAL")
(d) Street No. 72
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Peter Anthony Saale

3. (b) If veteran, name war -----
3. (c) Social Security No. 499-12-4521

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

6. (b) Name of husband or wife Angie (Stuckey) Saale
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 9, 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 1
If less than one day hr. min.

9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Paul Saale

13. Birthplace Portage des Sioux, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Agent

15. Birthplace Portage des Sioux, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Angie Saale

(b) Address Portage des Sioux, Mo.

17. (a) burial (b) Date thereof March 14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo

18. (a) Signature of funeral director H. C. Dallmeyer + Sons Co

(b) Address 800-801 N. Second-St. Charles, Mo.

19. (a) March 17 (b) Mrs. Rose Barnard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1945 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10th
1945 to March 10 1945;
that I last saw him alive on March 10 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death VIRUS PNEUMONIA
Duration 30 days

Due to 10911

Due to

Other conditions (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?

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

23. Signature C. A. Barnard (M. D. or other)

Address Portage des Sioux Date signed 3/17/45

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

MOTHER FATHER

678

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed: 4-5-45

SEP 18 1945

APR 8 1945

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 E. Dallmeyer

Licensed Embalmer No. 2951

P.O. Address, St Charles 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.