

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18852

FILED MAY 17 1946

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

4099

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Ida A. Saddler

3. (b) If veteran,
name war *********

3. (c) Social Security
No. **494-05-1884**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased **October 24 1884**
(Month) (Day) (Year)

8. AGE: Years **61** Months **5** Days **10**
If less than one day
hr. min.

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

10. Usual occupation **Confectionary Worker**

11. Industry or business **Speck's Confectionary**

12. Name **Moritz Kaepfel Moritz**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Henrietta Dietel**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice J. Saddler**
(b) Address **2837 Keokuk St**

17. (a) **Burial** (b) Date thereof **May 6 1926**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Frederick Bros**
(b) Address **6409 Gravois Av**

19. (a) **MAY 6 1946**
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2837 Keokuk St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **May**
year **1946** hour **1:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 6**
1946 to **May 4** 1946
that I last saw her alive on **May 4** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Omentum**
Duration **?**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Omentum**
Of operations _____
Of autopsy _____
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 _____
Signature **Frank J. Stange** (M. D. certificate)
Address **39243 Grand Blvd St Louis 18** Date signed **5/11/46**

*Dr Standley
Grand and Alberta*

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.....
.....
Licensed Embalmer No.....
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, fact should be so stated above.