No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1952

State File No. 11539

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 241

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Bonhomme)
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #13 Rott Rd,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4673
d. STREET ADDRESS (If rural, give location): 611 N. Clay Ave, 1

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): A.
c. (Last): Saller

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 15 1878
9. AGE (In years last birthday): 73 — If under 1 year: Months 11, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Operator
10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods Store
11. BIRTHPLACE (State or foreign country): Shelbyville Illinois
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Frederick Untercuber
13b. MOTHER'S MAIDEN NAME: Rose Magsamen
14. NAME OF HUSBAND OR WIFE: Henry J. Saller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-32-3242
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Raymond Saller Rt #13 Kirkwood Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 22, 1952, *to* Jan. 29, 1952, *that I last saw the deceased alive on* Jan. 28, 1952, *and that death occurred at* 1:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Stoelzle
(Degree or title): M.D.
23b. ADDRESS: 104 N. Adams, Kirkwood
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-52
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 1-29-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Meyer-Pfitzinger Kirkwood 22 Mo.
(Licensed Embalmer's Statement on Reverse Side)

SC

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed William H. Fitzinger

Licensed Embalmer No. 4376

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.