

STANDARD CERTIFICATE OF DEATH

Star File No. **8892**

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **341**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (if rural, give location) 1218 1/2 Church St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1218 1/2 Church St.			

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) JOSEPH c. (Last) SAALE			4. DATE OF DEATH (Month) (Day) (Year) March 11 1953			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 26 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (State or foreign country) Chillicothe Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles Saale	13b. MOTHER'S MAIDEN NAME Anna Deitrich	14. NAME OF HUSBAND OR WIFE Mrs. Faye Saale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye Saale ADDRESS St. Joseph Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident Right Side		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years
	ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease		
	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 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-4**, 19**53**, to **3-11**, 19**53**, that I last saw the deceased alive on **3-10**, 19**53**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Sharon Edgingmer M.D. (Degree or title)	23b. ADDRESS 301 Illinois Ave. So. St. Joseph, Mo.	23c. DATE SIGNED 3-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal Mar. 13-53	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Chillicothe Missouri
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. March 19, 1953	REGISTRAR'S SIGNATURE J. P. Belmont	25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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.