No. 300
10.48

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

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25821

State File No.

BIRTH NO. REG. DIST. NO. 510 PRIMARY REG. DIST. NO. 3058 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 300 South Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN: St Charles
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 720A South Main St 09230

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

4. DATE OF DEATH (Month) (Day) (Year): July 15 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30 1904
9. AGE (In years last birthday): 52 — 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): Tavern Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and State or Foreign Country): O'Fallon Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Adam Saali
13b. MOTHER'S MAIDEN NAME: Mary Moraty
14. NAME OF HUSBAND OR WIFE: Hulda Engel Saali
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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Hulda Saali St Charles 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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic Heart Disease — Unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 491X
20. AUTOPSY? YES ☐ NO ☒

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) 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* December 1954, *to* July, 1957, *that I last saw the deceased alive on* July 12, 1957, *and that death occurred at* 4 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don E. Randall, M. D.
23b. ADDRESS: 307 N. 5th St. Charles Mo.
23c. DATE SIGNED: July 18, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19 1957
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): O'Fallon Mo.

DATE REC'D BY LOCAL REG.: July 19-57
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur C. Bone St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

5400

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur C. Bruce

Licensed Embalmer No. 31

P. O. Address St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.