

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days  
(Specify whether  
In this community 65 years  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Saal

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John P. Saal 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 17, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Albany New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Clark McIntyer

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John P. Saal

(b) Address 921 Geyer

17. (a) Burial (b) Date thereof 9/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker-Welder

(b) Address 2331 S. Broadway

19. (a) SEP 9 1940 (b) J. J. Prudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 921 Geyer  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8,  
year 1940 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from August 28, 1940, to September 8, 1940, that I last saw her alive on September 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarction  
pulmonary infarction

Due to Generalized arteriosclerosis

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Infarcts of heart, lungs, & arteriosclerosis, cystitis

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 John J. Henry (M.D. or other)  
Address 1516 Lafayette Ave. Date signed 9/11/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Robert Wheeler*

Licensed Embalmer No.....

2128

P. O. Address.....

*St Louis 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.**