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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26558

FILED AUG 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6958

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bro. 3933 S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 72
(If outside city or town limits, write "RURAL")

(d) Street No. 5336 Robert Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Oliver T. Saal

3. (b) If veteran, name war No

3. (c) Social Security No. 497-18-3326

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cornelia Bauer

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. 21 (Month) 1904 (Day) (Year)

8. AGE: Years 39 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation Bank Cashier

11. Industry or business Chippewa Trust

FATHER
12. Name John Saal
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Schwartezenbach
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Cornilia Saal

(b) Address 5336 Robert Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wingbermuehle Fun. Home

(b) Address 3819 S. Grand Blvd

19. (a) AUG 8 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 1944 hour 920 minute A.M. M.

21. I hereby certify that I attended the deceased from 3/14, 1944, to 8/5, 1944
that I last saw him alive on 8/5, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 weeks
Due to: Chronic Nephritis	?
Due to: Chronic Hypertension	?
Other conditions: Coronary heart disease	?
(Include pregnancy within 3 months of death) Arthritis	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address 3800 S. Broadway Date signed 8/8/44

(Licensed Embalmer's Statement on Reverse Side)

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.