S. No. 2
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16708

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17829

State File No.

FILED JUN 13 1946

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 91

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Pike Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert W. Saettele
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 28 1932 (Month) (Day) (Year)
8. AGE: Years 13 Months 5 Days 3 If less than one day hr. min.
9. Birthplace Chicago, Ill. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Student
11. Industry or business High School
FATHER 12. Name Herbert J. Saettele
13. Birthplace St. Charles (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Alma Berlekamp
15. Birthplace St. Charles (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Herbert J. Saettele
(b) Address 1104 Pike-St.Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter St. Charles, Mo.
18. (a) Signature of funeral director H. L. Hallmeyer & Son Co
(b) Address 800 N. 2nd-St.Charles, Mo.
19. (a) June 3-46 (Date received local registrar) (b) Fannie Houston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h. alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
compression of the chest due to automobile accident.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

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) accident
(b) Date of occurrence May 31, 1946. D.L.Sav.T
(c) Where did injury occur? Hy.40 St. Chas. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hy.#40-car overturned-one car (Specify type of place)
While at work? no (e) Means of injury car accident.
23. Signature Marie Murphy (M. D. or Coroner)
Address Wentzville Mo. Date signed 6-3-46

28 T (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-46

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 Joseph I Landolt

Licensed Embalmer No. 4189

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.