

S. No. 2
M-543
7-5-17-39
I X36671

FILED FEB 20 1947
Registration District No. **756279**

Primary Registration District No. **4454**

Registrar's No. **21**

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

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town "Rural" Portage Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 miles North of Machens, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Ida Saale
 3. (b) If veteran, name war NIL
 3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month December day 11
 year 1946 hour 2:30 minute A.M.
 21. I hereby certify that I attended the deceased from July 1946 to December 11, 1946
 that I last saw him or alive on December 11, 1946
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Saale
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased May 13 1879
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Due to coronary artery disease & generalized atherosclerosis
 Due to.....

8. AGE: Years Months Days If less than one day
67 6 28 hr. min.

Other conditions arteriosclerosis & hypertension
(Include pregnancy within 3 months of death)
 Duration 6 yrs
17 yrs?
10 yrs?

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name Casper Hellemeier
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Westhoff
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Saale
 (b) Address West Alton, Missouri

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.....

17. (a) burial (b) Date thereof Dec 13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Francis Cem Portage des Sioux, Mo.

18. (a) Signature of funeral director H. C. Ballmeyer & Sons Co.
 (b) Address 800 N. 2nd-St. Charles, Mo.

23. Signature George E. Keith (M. D. or other) M.D.
 Address St. Charles, Mo. Date signed 12-12-46

19. (a) 12-15-1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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.