

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9659

State File No.

929

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>62</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Home for Aged</u>				d. STREET ADDRESS (If rural, give location) <u>721 Clay Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olivia</u> b. (Middle) <u>----</u> c. (Last) <u>Saettele</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13-1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2-1862</u>		
9. AGE (In years last birthday) <u>86</u>		F UNDER 1 YEAR Months _____		F UNDER 1 YEAR Days _____		F UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Welchinger</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>August Saettele, dec'd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NIL</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Faerber-St. Charles, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Compensation</u> ANTECEDENT CAUSES <u>Grav. Arterio sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4500</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan 14, 1949</u> to <u>Mar 13, 1949</u> , that I last saw the deceased alive on <u>Mar 11, 1949</u> and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. P. Erich, M.D.</u>				23b. ADDRESS <u>St. Charles Mo.</u>		23c. DATE SIGNED <u>3/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3/29/49</u>		REGISTRAR'S SIGNATURE <u>Russell Hamilton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dallmeyer & Sons Co.</u>		ADDRESS <u>2100 N. 2nd St. St. Charles, Mo.</u>		

RECEIVED
District Health Officer No. 9,
District File Number
APR 8 1945
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Herbert C. Dallmeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.