

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27991

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 215

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas.</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Saint Charles</u>		c. CITY OR TOWN <u>Portage des Sioux</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Saint Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0921</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>Saale</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1889</u>
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR (Months) (Days) <u>9</u> <u>9</u>	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Saale</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Boschert</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertilda Vogt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cyril Saale, St. Charles, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized Atherosclerosis</u> <u>10 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> <u>10 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Thyroid Toxic Goiter</u> <u>20 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)	
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>October 1952</u> , to <u>Sept 1, 1956</u> , that I last saw the deceased alive on <u>August 1, 1956</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>W.A. Poggenmeyer MD</u>		23b. ADDRESS <u>St. Charles, Mo</u>	
23c. DATE SIGNED <u>Sept 1, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Portage Des Sioux, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dalrymple</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6 1956</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dalrymple</u>		ADDRESS <u>St. Charles, Mo.</u>	

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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..

Student.....  
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.