

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38085**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10294**

1. PLACE OF DEATH
 a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis** c. LENGTH OF STAY (in this place) **1 yr. 3 mo.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.** STREET ADDRESS **2470 3424a Indiana** (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) **Louise** b. (Middle) _____ c. (Last) **Saake** 4. DATE OF DEATH (Month) (Day) (Year) **10 31 1957**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow** 8. DATE OF BIRTH **1-10-1977** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and State or Foreign Country) **Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Miller** 13b. MOTHER'S MAIDEN NAME **Anna Barthel** 14. NAME OF HUSBAND OR WIFE **Joseph Saake**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Charles Eckrich 9447 Marlowe** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Diabetic Mellitus** INTERVAL BETWEEN ONSET AND DEATH **1.5 mo.**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **260x**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Generalized Arteriosclerosis** **15 mo.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7-19-56**, 19____, to **10-31-57**, 19____, that I last saw the deceased alive on **10-31-57**, 19____, and that death occurred at **12:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **10/31/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-2-57** 24c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

DATE REC'D BY LOCAL REG. **NOV 1 1957** REGISTRAR'S SIGNATURE **Carl Smith Mo** 25. FUNERAL DIRECTOR'S SIGNATURE **Ortmann F. Home** ADDRESS **9222 Lackland Overland 14, Mo.**

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

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 *Al. C. Ostmann*.....

Licensed Embalmer No. *3478*

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.