

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **15511**) **Cabarrus Ave** St. **9575** Ward

35001

2. FULL NAME

(a) Residence. No. **5** St. **5** Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John H. Sauer**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 7 - 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63** **2** **7**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home** **115A 93A 10015**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

10. NAME OF FATHER **Walter Scheffer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Rose Erbst**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

4. INFORMANT **Walter A. Sauer** (Address) **5511 Cabarrus**

5. FILED **OCT 10 1928** **Martha Starzoff** REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **October 9** 19**28**

17. I HEREBY CERTIFY, That I attended deceased from **September 17**, 19**28**, to **October 9**, 19**28**, that I last saw him **alive** on **Oct 9**, 19**28**, and that death occurred, on the date stated above, at **330 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Acute Myocarditis**

**114 B** (duration) yrs. **1** mos. **-** ds.

CONTRIBUTORY (SECONDARY) **Tonsillitis and Laryngitis** (duration) yrs. **-** mos. **4** ds.  
**non-diphtheritic**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical** (Signed) **Prof. Richter**, M. D.

**Oct 9**, 19**28** (Address) **3538 Humphrey**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cabarrus** DATE OF BURIAL **10-11** 19**28**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

Dr Riehl  
3538 Humphrey

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