N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 14 1935

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

Do not use this space.

File No. 42092
Registered No. 14[illegible]

1. PLACE OF DEATH

County Buchanan — Registration District No. ____
Township ____ — Primary Registration District No. ____
City St. Joseph, (No. 312 No. 19th. St. ____ St. ____ Ward)

2. FULL NAME Jacob J. Sauer

(a) Residence, No. 312 No. 19th. St. ____ St., ____ Ward. ____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maude Sauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (month and year): Dec. 1934
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

FATHER

13. NAME: Phillip Sauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Barbara Ann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Mrs. Maude Sauer 312 No. 19th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Dec. 31, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-31- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 28, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1926, to Dec 28, 1934
I last saw him alive on 12/28, 1934. Death is said to have occurred on the date stated above, at 8.00 m. P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage
82 a1

Other contributory causes of importance:
Uterus sclerosis

Name of operation ____ Date of ____
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) W. E. Sentz, M. D.
(Address) Ballinger Bldg. St. Joseph, Mo.