

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1936

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

Do not use this space.

36946

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township Byrd Primary Registration District No. 5179
 City Wentzville (No. St. Ward)

File No.
 Registered No. 53

2. FULL NAME

H. Albert Sauer

(a) Residence, No. St. Ward.
 (Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hellie Sauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>	
	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).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1936
 22. I HEREBY CERTIFY, That I attended deceased from 7-12-35 19... to 10-14 19...
 I last saw him alive on 10-14 19... Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:

Sympho Carcinoma beginning in the right inguinal region and spreading throughout entire system

Other contributory causes of importance:
Island Pel-section - (2. Pyrazol tract section)
 Name of operation? Island Pel-section - (2. Pyrazol tract section) Date of...
 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?
 If so, specify Alc
 (Signed) Albert M. Tate, M. D.
 (Address) Wentzville, Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrens, Mo.</u>
	13. NAME <u>Wm Albert Sauer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Roseann Boshell</u>
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sava</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Albert Sauer</u> <u>Wentzville, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentzville, Mo.</u> DATE <u>10-16-1936</u>
	19. UNDERTAKER (ADDRESS) <u>Creighton Allen</u> <u>Wentzville, Mo.</u>
20. FILED <u>10-15-36</u> 19... <u>W. S. Seiber</u> Registrar.	

