MAR 5 - 1937

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

Do not use this space.

File No. 8431

Registered No. 1883

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS. (No. Christian Hospital. St. ..... Ward)

**2. FULL NAME** Ernst E. Saur.

(a) Residence, No. 2114 College Ave. St., 9 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: Male

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Saur. ( Schuttenhelm)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 3, 1858.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 78 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer. 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired. 30

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

FATHER

13. NAME: Ernst Saur. 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mrs Mary Saur. 2114 College Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: Feb 13, 1937

19. UNDERTAKER (ADDRESS): Math Hermann & Son. 2161 East Fair Ave.

20. FILED: FEB 13 1937 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937, to Feb 10, 1937

I last saw he alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 5.30 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | |
| following La Grippe | |

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

(Signed) H. G. Uhlemeyer, M. D.

(Address) 1511 E Grand Blvd

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.