

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.

1937

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

32326

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis

(e) Length of residence in city or town where death occurred

Registration District No.....

Primary Registration District No.....

(d) Street No. St. Paul Hosp.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., If of foreign birth 32 yrs. mos. ds.

Registered No. 8380

2. PRINT FULL NAME

(a) Residence, No. 4167 Cleveland St. 17

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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

Chas. F. Saussele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 21 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

71

8

13

at home

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

at home

Germany

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

Christian Haiges

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown Wentz

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

Germany

17. INFORMANT
(ADDRESS)

Lina Saussele

4167 Cleveland Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Valhalla Cem.

DATE

9-7-1937

19. FUNERAL DIRECTOR

(ADDRESS)

With Bur. & M.

2929 S. Jefferson Av.

20. FILE

SEP 7 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 9, 1937, to Sept. 4, 1937

I last saw her alive on Sept. 4, 1937. Death is said

to have occurred on the date stated above, at 3:05 p.m.

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

hypertension

right kidney

53A

Other contributory causes of importance:

secondary anemia

infection of spleen

lung and lungs

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

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

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) Dr. H. H. H. H., M. D.

(Address) 520-28 Michigan

Blvd.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin

Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Paul A. Shanklin

L. E.

No. 3472 or by

working under my personal supervision.

Registered Apprentice No.

Signed

Paul A. Shanklin

Licensed Embalmer No. 3472

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.)