

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16676

Do not use this space.

791

1008

Registered No. 4537

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. LouisRegistration District No.....  
Primary Registration District No.....  
(d) Street No. City Hospital No. 1 St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Joshua Sauder  
(a) Residence, No. 1703 Market St. 25  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 4 13OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. clerk  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennsylvaniaFATHER 13. NAME UNKNOWN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWNMOTHER 15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT (ADDRESS) Hosp. Info. M. Kent  
VERA FREIDA, 1703 MARKET18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATHEWS DATE 5-18-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) MOLLEN BROS  
4259 WINDLELL BLVD20. FILED J. D. Brebeck Local Registrar

MAY 18 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13/38 1922. I HEREBY CERTIFY, That I attended deceased from 5/3/38 to 5/13/38, 19I last saw him alive on 5/13/38 Death is said to have occurred on the date stated above, at 12:35 a

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

Regenerative heart disease Date of onsetOther contributory causes of importance:  
Generalized arteriosclerosisName of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19Where 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) W. Maxwell, M. D.  
(Address) City Hospital No. 1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

..... or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Thomas R. Fenwick*

Licensed Embalmer No. ....

*3793*

P. O. Address.....

*St Louis Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**