CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve

SEP 28 1938

W H Tyler

Do not use this space.

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

1. PLACE OF DEATH
County St Charles
Township
City St Charles (No. , St. Ward)
Registration District No. 757
Primary Registration District No. 3036
File No. 29867
Registered No. 116

2. FULL NAME "Infant" Sauers
(a) Residence, No. 914 N Benton Ave St., 4 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3 - 1938
7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ✓ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo 0

FATHER
13. NAME Harvey Gutermuth 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Dorothy Sauers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) Frank Sauers St Charles Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 8/4 1938
19. UNDERTAKER (ADDRESS) H C Dallmeyer & Sons Co St Charles Mo
20. FILED 8/4 1938 Clarence G. Wessler Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug - 3, 1938, to Aug 3, 1938
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Still Born. | |
| Patient claims she fell. | |

Other contributory causes of importance:

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? Accident Date of injury , 19
Where did injury occur? St Charles Mo (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. H. Tyler, M. D.
(Address) 202 Main St St Charles