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.

OCT 12 1938

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

30517
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 7954
(c) City St. Louis (d) Street No. 4906 Washington Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Dr. Otto L. Sahlender 45
(a) Residence, No. 4906 Washington Bl. St. 12
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1870
7. AGE: YEARS 68 | MONTHS 5 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as 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) Belleville, Ill. 1

FATHER
13. NAME Godfried Sahlender 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Sophie Mentz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sophie Sahlender Belleville, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ill. DATE Sep. 11, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas J Kron Funeral Home 4911 Washington Bl.
20. FILED SEP 8 1938 19 J F Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1938, to Sept 8, 1938
I last saw him alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 2 15 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Carcinoma of Stomach
(Pyrosis)

Date of onset

Other contributory causes of importance:

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) L. H. Hampshire M. D.
(Address) 203 Beaumont Bldg

(Licensed Embalmer's Statement on Reverse Side)

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, _____

Elton R. W. Remelius, or by _____

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

Signed Elton R. W. Remelius

Licensed Embalmer No. 3154

P. O. Address 3948a Green Ave. St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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