

T 3 1 38  
 A review 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.

REC'D OCT 6 1938

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

33322  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis  
 (b) Township  
 (c) City Richmond Hts. (d) Street No. 1138 Edward Terrace 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 John G. Sauerbrey  
 (a) Residence, No. 1138 Edward Terrace St.   
 (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 Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1880

7. AGE YEARS <u>58</u>	MONTHS <u>9</u>	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Hydrolic Press  
 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. Louis Mo.

FATHER 13. NAME George Sauerbrey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Schulte  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Thekla Sauerbrey  
1138 Edward Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE Oct. 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Nosal  
1905 Union Blvd.

NOTED 3 1938 19 [Signature]  
 Lock Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Oct 1, 1938  
 I last saw him alive on Sept. 30, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis

ascil arterio sclerosis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? no

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) [Signature] M. D.  
 (Address) 1194 1/2 Belmont Ave

1 p.m.  
11 a.m.  
1/10/1918  
1/10/1918

**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 R. M. Sargent

Licensed Embalmer No. \_\_\_\_\_

P. O. Address 2273 Street

**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.**