

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.

Registration District No. 57840

Primary Registration District No. 111

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Marys Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
 (Specify whether years, months or days)  
 In this community

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Perry  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D.# 1.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** JOSEPH HERMAN SAUER  
**8. (b) If veteran, name war.** \_\_\_\_\_ **8. (c) Social Security No.** NONE  
**5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife.** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** FEBRUARY 22, 1908.  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 24  
 year 1940 hour 6:30 minute P. M.  
**21. I hereby certify that I attended the deceased from** July 13 1940  
 \_\_\_\_\_, 19\_\_\_\_, to July 24, 19\_\_\_\_  
 that I last saw him alive on July 24 1940, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>5</u>	<u>2</u>	_____ hr. _____ min.

**9. Birthplace** PERRY COUNTY MO.  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** FARMER

Immediate cause of death Telomus  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** ANTONE B. SAUER  
**13. Birthplace** PERRY COUNTY MO.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** MARY J. ZOELLNER  
**15. Birthplace** PERRY COUNTY MO.  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Yes - confirmed diagnosis  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically

**16. (a) Informant's own signature** Alfred J. Sauer  
**(b) Address** 615 1/2 Ralston Ave  
**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** July 27, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial of** St. Maurus Cem. Biehle, Mo.  
**18. (a) Signature of funeral director** Albert H. Bey  
**(b) Address** Perryville Mo.  
**19. (a) Date received local registrar** JUL 27 1940  
**(b) Registrar's signature** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** uncertain  
**(c) Where did injury occur?** Perry County Mo  
 (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** on farm  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury leptin  
**23. Signature** W. H. ... (M. D. or other) MD  
**Address** 3720 Washington **Date signed** 7/26/40

37-26  
12-2-1911  
J

**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..... *Albert Bey*.....  
Licensed Embalmer No. *3866*  
P. O. Address. *Perryville, 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.**