No. 2
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1833

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 63

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1814 ½ Highly Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1814½ Highly 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Charles Sauer
3. (b) If veteran, name war ✓
3. (c) Social Security No. 491-10-5924
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October (Month) 19 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	25	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Pressman
FATHER
12. Name William Sauer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Louisa Eberhardt
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Margaret Sauer
(b) Address 1814½ Highly, St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Jan 16 1941 (Date received local registrar) (b) A J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1941 hour 9 minute 20 p. M.
21. I hereby certify that I attended the deceased from Dec 4, 1940, to Jan. 14, 1941;
that I last saw him alive on Jan. 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis, mitral	✓
Due to Pyorrhea severe Fetid Catarrh	Chronic 11
Due to	
Other conditions Influenza 9 2 B (Include pregnancy within 3 months of death)	14 da.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85 (Specify type of place)
While at work? (e) Means of injury
23. Signature A C Lillard (M. D. or other) M.D.
Address 223 North 7th, St. Joseph Date signed 1-15-41

(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, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Chas J Foster

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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

If this body is not embalmed, fact should be so stated above.