

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis Ferguson**
(If outside city or town limits, write "RURAL")
(d) Street No. **January Ave. Ferguson Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1941** hour **6** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **5-6-1941** to **5-14-1941**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Gall bladder and liver**

Due to: **Primary site gall bladder**
Due to: **Obcess of Gall bladder**

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: **none**
Of operations: _____
Of autopsy: **done as above**

| Duration |
|----------|
| 6 months |

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

3. (a) PRINT FULL NAME **Henry L. Sassenrath Sr.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased: **April 21, 1880**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 61 | 0 | 23 | hr. min. |

9. Birthplace: **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Anton Sassenrath**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Daetz**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Sassenrath**

(b) Address **January Ave. Ferguson Mo.**

17. (a) **Burial** (b) Date thereof **5/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave**

19. (a) **MAY 15 1941** (b) **J. P. Bredeck**
(Date and time of registration) (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 _____
(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? _____
(Specify type of place) (e) Means of injury _____

23. Signature **Ron Johnson** (M. D. or other) _____
Address **Ferguson Mo** Date signed **5-14-41**

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

Dr. Roy Johnson

Ferguson, Mo

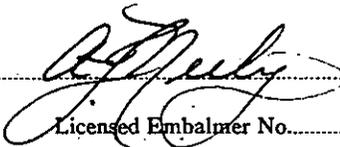
STATEMENT BY LICENSED EMBALMER

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.....


..... Licensed Embalmer No. 3225

P.O. Address..... 1125 Hodiamont Ave

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, fact should be so stated above.