

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

36550
Do not use this space.

DEC 22 1941

1. PLACE OF DEATH **791**

(a) County Mo. Registration District No. **1003**

(b) Township..... Primary Registration District No..... Registered No. **8779**

(c) City St. Louis (d) Street No. Deaconess Hospital St. O.
(If death occurred in Hospital or Institution, with 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 Marjorie Sahn **96**

(a) Residence, No. Chesterfield Mo. Woods Mill Rd. **NR** **NR**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13/1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) St. Louis, Mo.

FATHER 13. NAME Frederick Otto Sahn 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield, Mo.

MOTHER 15. MAIDEN NAME Ferne Janette Owens 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Ill.

17. INFORMANT Mrs. F. O. Sahn
(ADDRESS) Woods Mill Rd. Chesterfield, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Ev. St. Paul's Cem. DATE 11-5 1941

19. FUNERAL DIRECTOR Aumann Bros. Inc.
(ADDRESS) 2504 Woodson Rd. Overland Mo.

20. FILE NOV 5 1941 J. J. Budick
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-41 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1941, from 7 P.M. to 11:30 P.M.
I last saw her alive at 8:20 P.M. 11-4-1941. Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:
None cause of Paraman disease

Date of onset

Other contributory causes of importance: 151

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Emma Phelan, M. D.
(Address) 5.3.2.1. Bartmer

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Gustave R. Baumann
Licensed Embalmer No. 2315

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.)

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