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5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16629

State File No.

FILED JUN 10 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4697

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1447 No Broadway  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State mo (b) County 925  
(c) City or town St. Louis  
(d) Street No. 1447 No Broadway  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Karl Saur  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 5  
year 1942 hour 9 minute 30 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 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 abt (Month) \_\_\_\_\_ (Day) 1872 (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death: Coronary Occlusion  
Arterial Sclerosis  
Due to \_\_\_\_\_

8. AGE: Years abt 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Germany (City, town, or county) \_\_\_\_\_ (State or foreign country)

Other conditions: MI in  
(Include pregnancy within 3 months of death)

10. Usual occupation Baker

Major findings: MI  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown 9 (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9 (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

16. (a) Informant James J. Chapman

22. If death was due to external causes, fill in the following:

(b) Address 1300 Clark  
17. Malone Bros (b) Date thereof 5-13-42  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation St. Louis

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. R. Risher  
(b) Address 2500 Rutger St

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 5/13/42

19. (a) MAY 29 1942 (Date received local registrar)  
G. F. Bredack (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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FEB 29 1971

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**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.....

P. O. Address.....

**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.**