

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 4 1943 318

1003

851

Registration District No.

Primary Registration District No.

Registrar's 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:
5866 Itaska Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5866 Itaska Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **26th**
year..... **1943** hour..... **10:30** minute..... **P.M.**
21. I hereby certify that I attended the deceased from..... **Jan 26/43**
..... **Jan 27, 1943**
that I last saw..... **Jan 25, 1943**
alive on.....
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME..... **John A. Sauer**
3. (b) If veteran, name war..... **World War # 1** 3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Anna Sauer** 6. (c) Age of husband or wife if alive..... **41** years
7. Birth date of deceased..... **March 1st 1892**
(Month) (Day) (Year)

8. AGE: Years..... **50** Months..... **10** Days..... **25** If less than one day..... hr. min.

9. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Car leading engineer**

11. Industry or business.....
12. Name..... **John Sauer**
13. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Louisi Risch**
15. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Sauer**
(b) Address..... **5866 Itaska Ave.**
17. (a) Burial (b) Date thereof..... **1-30-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Kriegshauser Mortuaries**
(b) Address..... **4228 So. Kingshighway Blvd.**
19. (a) **JAN 27 1943** (b) **J. J. Medear**
(Date received by registrar) (Registrar's signature)

Immediate cause of death..... **Coronary Occlusion**
arteriosclerosis
Due to..... **Coronary**
Due to..... **C.N.S. Lesion**
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
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)..... **no**
(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?
23. Signature..... **J. J. Medear** (Specify type of place)
While at work?..... (b) Means of injury.....
Date signed..... **1/27/43**

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

MOTHER FATHER

#0

J. Wade
ma. Bldg 1-4

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.....*Edwin D. M. Herriott*.....

Licensed Embalmer No.....*3024*.....

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.