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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

3542

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 202

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 917 Regina 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 40 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State Mo. (b) County St. Louis 0

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Regina ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ludwig Sailer (SAILER)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September (Month) 25 (Day) 1865 (Year)

8. AGE: Years 77 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Austria (State or foreign country) 4

10. Usual occupation Janitor

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Austria (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Austria (State or foreign country) 4

16. (a) Informant Frank Sailer Frank Sailer
(b) Address 917 Regina ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. cem

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co. C. Hoffmeister Co.
(b) Address 7814 S. Broadway

19. (a) JAN 27 1943 (Date received local registrar) (b) C. G. McGarron, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 24
year 1943 hour 11 minute 48 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1943, to Jan 24, 1943, that I last saw him alive on Jan 24, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: ulcer of Stomach & general debility | 1 yr |
| Due to Chr. Bronchitis & Asthma | 12 yrs |
| Due to Cirrhosis of liver | 6 yr |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 1170
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. G. Biesemeyer (M. D. or other)
Address 762 Lemay Ferry Rd Date signed 1-25-43

(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 Paul O. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul O. Franklin

Licensed Embalmer No. 3472

P. O. Address 7114 So. Broadway

**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.**