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FILED JUN 1 1944 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 4384

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town SAINT LOUIS:  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
SAINT LUKES HOSPITAL 0  
(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 MISSOURI: (b) County SAINT LOUIS:  
(c) City or town VINITA PARK  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8004 MADISON AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA SCHLIECKER SAUERBRUNN  
3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 10  
year 1944 hour 4:30 minute P. M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife VALENTINE SAUERBRUNN  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APRIL 26 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1944 to Dec 10 1944  
that I last saw her alive on Dec 10 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
75 no. 14 hr. min.

Immediate cause of death Coronary thrombosis Duration 4 hr  
Due to Myo. Carditis chron many  
Scrubty years  
Other conditions (Include pregnancy within 3 months of death) 9/8

9. Birthplace CAPE GIRARDEAU - MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name GUSTAVE SCHLIECKER  
13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name WILHELMINA SANDER  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. W. W. CRAWFORD  
(b) Address 8004 MADISON AVE

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? \_\_\_\_\_

17. (a) BURIAL (b) Date thereof MAY 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS  
(b) Address 7233 DELMAR BLVD

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Brinded (M. D. or other) MD  
Address 6134 No. Ward Date signed 5/11/44

19. (a) MAY 11 1944 (b) J. F. Brinded  
(Date received local registrar's certificate) (Registrar's signature)

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

*Michigan State Bd. of Embalmers*  
*JE 4824*  
*Apr 11 to 1*

**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 *Bonford P. Miles*  
Licensed Embalmer No. *2901*  
P. O. Address *University City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**