DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 46

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 17985

Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: yes - 12 hrs (Specify whether years, months or days)
In this community: 12 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Pacific R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Carl Andrew Sauer

3. (b) If veteran, name war: none

3. (c) Social Security No. 359-01-9078

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: July (Month) 17 (Day) 1882 (Year)

8. AGE: Years 61 Months 9 Days 18 If less than one day: hr. min.

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

10. Usual occupation: Farming

11. Industry or business: Farm

MOTHER FATHER

12. Name: Nickolas Sauer

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Mary Abegg

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: W. L. M. Clark
(b) Address: 1900 St. Louis Ave., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefille, Ill.

18. (a) Signature of funeral director: Neiburg & Veit, Inc.
(b) Address: Washington, Missouri

19. (a) 5-5-44 (Date received local registrar) (b) Lucile Rueter, Clerk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 4 year: 1944 hour: 10:00 minute: 45 P.M.

21. I hereby certify that I attended the deceased from May 4, 1944 to May 4, 1944 that I last saw him alive on May 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock and Exposure, pinned under farm wagon

Due to: for 1/5 hours

Due to: 175a-80 Illum

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

Major findings: Of operations: O. H. Conrad

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): accident
(b) Date of occurrence: May 3, 1944
(c) Where did injury occur? Pacific (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)
While at work? yes (e) Means of injury: fell from wagon load of hay, pinned under wagon

23. Signature: R. R. Crider (M. D. or other)
Address: Washington Mo Date signed: 5-5-44

1141

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-2-44

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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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.