

FILED JUL 31 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25754

Registrar's No. 1591

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Homes 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 months - 29 days years, months or days

3. (a) PRINT FULL NAME Paul Albert Sauer

3. (b) If veteran, name war unknown 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 4-25-1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Fort Wayne Ind. (City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business unknown

MOTHER FATHER {  
12. Name John Sauer 4  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurie Moore 1

(b) Address 4203 W. Farber St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Loys H. Bopp Sr.

(b) Address Rockwood Mo

19. (a) JUL 27 1944 (Date received local registrar) (b) E. G. McKeaveny, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Manchester 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Pine Crest Homes (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1944 to July 24, 1944 that I last saw him alive on July 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

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

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

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

Major findings: Of operations 93d 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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) 0  
Address Manchester Mo Date signed 7/24/44

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

96000

**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..... *Felix Druand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Kirkwood mo* .....

**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.**