S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8209

FILED MAR 28 1945

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 2547

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Lutheran Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3186a Pennsylvania Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry A. Saul

3. (b) If veteran, name war No.

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 Gertrude

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. (Month) 3 (Day) 1875 (Year)

8. AGE: Years 69 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Lahmann Machine Shop

FATHER
12. Name Henry Saul
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Gertrude Saul

(b) Address 3186a Pennsylvania Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 3634 Gravois Ave.

19. (a) MAR 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18 year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-7-42, 19__, to 3-18-45, 19__; that I last saw him alive on 3-17-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Nephritis	Yrs
Chr Myocarditis	"
Diabetes Mellitus	"
Arterio sclerosis	"

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

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 [signature] (M. D. or other) MW

Address 3115 So Grand Date signed 3/19/45

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

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.