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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 862

FILED FEB 7 1946

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 1039

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

3052

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (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 MO (b) County 3 17

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 7122 WINONA AVE (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Herman Sailer

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-14-2298A

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife MARY

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

7. Birth date of deceased OCT (Month) 6 (Day) 1868 (Year)

8. AGE: Years 77 Months 3 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business 10 YRS

FATHER
12. Name CHRISTIAN SAILER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ANNA BARBER
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant ANNA ROTH

(b) Address 7122 WINONA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 31 46 (Month) (Day) (Year)

(c) Place: burial or cremation MT HOPE CEMTERY

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SO. KINGSHIGHWAY

19. (a) JAN 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JAN 31 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1946 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from 1/17/46, 19, to 1/29/46, 19; that I last saw him alive on 1/29/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Laennec's Cirrhosis of the liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same.

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)

(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 Herbert C. Fritz (M.D. or other)

Address 1515 Lafayette 1/29/46 Date signed

(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.....Edwin D. McDermott

Licensed Embalmer No.....3024

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.