S. No. 2
M—5-43
v. 5-17-39
o I/ X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 547

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4110 W Penrose Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 10/17
(If outside city or town limits, write "RURAL")

(d) Street No. 4110 W. Penrose Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 90

If yes, name country

3. (a) PRINT FULL NAME KARL SAUER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Sauer

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

7. Birth date of deceased Jan. 30, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Betty Goebel
(b) Address 4110 W Penrise Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 15 year 1946 hour 5 minute 24 PM

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to hanging when deceased was found hanging by the neck by a grace of rope attached to the staircase – the basement of the home at 4110 W Penrose st

Due to

Due on Jan. 15 1946 at about 5.24 PM

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164

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) Suicide

(b) Date of occurrence Jan 16 1946

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury as above

23. Signature Patrick E Taylor (Dr. or other)

Address Deputy Coroner Date signed 1-17-46

(Licensed Embalmer's Statement on Reverse Side)

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

3060

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 William L. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.