

DEPARTMENT OF COMMERCE
 BUREAU OF REGISTRATION
FILED DEC 5 1946

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 82

Registration District No. 273 Primary Registration District No. 3051

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Perryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 Rand Ave. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Perry
 (c) City or town Perryville
(If outside city or town limits, write "RURAL")
 (d) Street No. 605 Rand Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alfred Ignatius Sauer
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 493-01-0950

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 26
 year 1946 hour 2:20 minute P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rose Wagner
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased September 10, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 10 1946 to Nov 26 1946
 that I last saw him alive on Nov 26 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>16</u>	hr. min.

Immediate cause of death Hodgkins Disease
 Due to _____
 Due to _____

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Shoe Factory Worker

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy 44B

MOTHER FATHER
 11. Industry or business _____
 12. Name Anton Sauer
 13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Josephine Zollner
 15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

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 D

16. (a) Informant Mrs. Rose Sauer
 (b) Address Perryville, Mo.
 17. (a) Burial (b) Date thereof 11-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Biehle, Mo.
 18. (a) Signature of funeral director Perry Funeral Home
 (b) Address Perryville, Mo.
 19. (a) Nov 29 1946 (b) Joe J. Zollner
(Date received local registrar) (Registrar's signature)

23. Signature Ed Carriv (M. D. or other) _____
 Address Perryville, Mo. Date signed 11-27-46

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

36593

250

RECEIVED

District Health Officer No. 4
District File Number 1246-2939
Date Filed 12-4-46

DEC 10 1946

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 *Le Roy Schandler*

Licensed Embalmer No. 4175

P. O. Address Perryville 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.