

No. 2
-12-45
-17-39
X 47070

FILED APR 8 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3249**

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 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. **3950 Wyoming St.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (c) PRINT FULL NAME **Thomas Sauls**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **401-05-6980**
300-03-5015

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th**
year **1947** hour **11** minute **45** A. M.

21. I hereby certify that I attended the deceased from **11/15/45**
3 11/15/45 19. to **3/26/47** 19.47
that I last saw h. **IM** alive on **3/26/1947**
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **Ivy**
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **September 4th, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 22 hr. min.

Immediate cause of death
Cardiac de compensation 1/2/46
Emphysema (oblitous)

Due to **arterio Sclerosis,**
Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death)
95°C

Major findings: Of operations

Of autopsy **Same as above**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Cooperage work**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leonard Ballman**

(b) Address **3950 Wyoming, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Mar. 28. 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Wacker - Helble N. & L. Co.**

(b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **MAR 29 1947** (b) **J. F. Bredeck**
(Date received local Registrar) (Registrar's signature)

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 **Edw. F. Sifers** (M. D. or other) **M.D.**

Address **634 N. Grand Ave** Date signed **3/27/47**

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

MOTHER FATHER

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.....

Frank J. Hyland

Licensed Embalmer No.....

2675

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.