No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42571

State File No. 42571

Registration District No. 273 · Primary Registration District No. 3051 · Registrar's No. 78

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Perryville Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 85-8-3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missoni (b) County: Perry 79
(c) City or town: Perryville Mo. (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William Sauer
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Elezabeth Sauer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 23 (Month) 1862 (Day) (Year)

8. AGE: Years 85 Months 8 Days 3 If less than one day hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Anton Sauer
13. Birthplace: Germany 7 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Theresa Lohman
15. Birthplace: Germany 7 (City, town, or county) (State or foreign country)
16. (a) Informant: Ferd Sauer
(b) Address: Biehle Mo. Star R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young Sons
(b) Address: Perryville Mo.
19. (a) Dec 29 1947 (Date received local registrar) (b) Joe J Yellow (Registrar's signature) 256

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1947 hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from Sept 26 1946 to 26 Dec 1947 that I last saw him alive on 26 Dec 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to: Hypertension	5 years
Due to: Coronary Heart Disease	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94P
Of autopsy:

PHYSICIAN — Underline the cause of 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 0
23. Signature: L W Felts (M. D., or other)
Address: Perryville Mo Date signed 26 Dec, '47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

D

ct Health Officer No. 4

District File Number 148-65

Date Filed 1-13-48

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 Frederic W. Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4827

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.