S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43735

FILED DEC 22 1947
Registration District No. 317

Primary Registration District No. 2062

Registrar's No. 2602

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7746 How Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: University City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 7746 How Ave 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Gustave V. Sauerbrunn
3. (b) If veteran, name war: World #1
3. (c) Social Security No.: 498-12-1348

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ethel Sauerbrunn nee Spradley
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: February 4, 1893 (Month) (Day) (Year)

8. AGE: Years 54 | Months 10 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Building Contractor
11. Industry or business:
FATHER 12. Name: Val Sauerbrunn 0
13. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emma Schlicher
15. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant: Mrs Ethel M. Sauerbrunn
(b) Address: 7746 How Ave University City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Math Hermann & Son Inc.
(b) Address: 2161 East Fair Ave
19. (a) 12-18-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 17th
year: 1947 hour: 5:45 AM minute: M.
21. I hereby certify that I attended the deceased from Dec. 5, 1947, to Dec. 17, 1947, that I last saw him alive on Dec. 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Pulmonary Tuberculosis	17 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) Place of occurrence (City or town) (County) (State)
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature: John C. Murphy (M. D. or other) M.D.
Address: 3720 Washington Ave Date signed: 12/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1948

JAN 16 1948

JAN 6 1948

SEP 8 1948

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 Wilford G Burnley

Licensed Embalmer No. 4202

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.