FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

21310

State File No. 5509
Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3637 Oak Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3637 Oak Hill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Frank Sauter
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 492-03-3221
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb (Month) 11 (Day) 1895 (Year)

8. AGE: Years 53 Months 44 Days 4 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Gaylord Container Co,
FATHER
12. Name Fred Sauter
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophie Schilly
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Anna Sauter
(b) Address 3637 Oak Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) JUN 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1948 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 5, 1946, to Juhe 15, 1948
that I last saw him alive on June 15, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute dilatation of heart | 10 mins |
| Due to Multiple myeloma | 2 yrs |
| 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) 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 Wm Simpson (M. D. or other) M.D.
Address 3739 Gravois Date signed 6/17/48

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

5509

## 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. 2645

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.**