

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10599
2122

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2122

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4047 Wyoming	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4047 Wyoming			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) M c. (Last) Sauer		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 26, 1871
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Anton DeMuth	13b. MOTHER'S MAIDEN NAME Louise Uhlenhout	14. NAME OF HUSBAND OR WIFE John Sauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Sauer 4047 Wyoming

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, generalized carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast, left 3 years		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			

19a. DATE OF OPERATION 5-6-1947	19b. MAJOR FINDINGS OF OPERATION Radical mastectomy, left-axillary nodes		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1939, to March 6, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE Buribang Whitt, M.D.	(Degree or title)	23b. ADDRESS 6006 Virginia Ave	23c. DATE SIGNED 3-7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 3/9/49	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St Louis, Mo.

DATE REC'D BY LOCAL MAR 7 1949	REGISTRAR'S SIGNATURE J B Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.