S. No. 300
v. 10.48

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

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25254

BIRTH NO. #81678 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6438

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 009
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4056 Botanical Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): SELMA
b. (Middle): L.
c. (Last): SAUER

4. DATE OF DEATH (Month) (Day) (Year): July 25th,1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Abt.64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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, Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Albert Lissner
13b. MOTHER'S MAIDEN NAME: Marie Oestricher
14. NAME OF HUSBAND OR WIFE: Otto 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: Mrs. S. Bensinger-7547 WellingtonWay

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): 8 32
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 3.3/X

22. *I hereby certify that I attended the deceased from* 4/2/49, 19___, *to* 7/25/49, 19___, *that I last saw the deceased alive on* 7/25/49, 19___, *and that death occurred at* 1:05am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul M Cadwell M.D.
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 7/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/26/49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Dallas, Texas

DATE REC'D BY LOCAL REG.: JUL 25 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hermann Funeral Home Inc-5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed J Allen Davis, Jr.

Licensed Embalmer No. 4053

P. O. Address .....

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.