

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25240

State File No. 6488
Registrar's No. 1003

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1003 | |
| 1. PLACE OF DEATH a. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | |
| c. LENGTH OF STAY (in this place) | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis - Richmond Heights | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | | d. STREET ADDRESS (If rural, give location) 1120 Blendon Pl. 448,5 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) WALTER | | b. (Middle) A. | | c. (Last) SAUER | |
| 4. DATE OF DEATH | | (Month) July | | (Day) 28, | | (Year) 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH Dec. 19, 1887 | | 9. AGE (in years, last birthday) 62 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clark | | 10b. KIND OF BUSINESS OR INDUSTRY Mutual Bank & Tr. | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME John Sauer | | 13b. MOTHER'S MAIDEN NAME Louise Schaefer | | 14. NAME OF HUSBAND OR WIFE Late Marcella Sauer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) No. | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Walter M. Sauer-1120 Blendon Pl. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-vascular (Hemorrhage) accident DUE TO (c) Arteriosclerosis, generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic C-U Disease | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 wk years years | |
| 19a. DATE OF OPERATION July 15, 1950 | | 19b. MAJOR FINDINGS OF OPERATION Volvulus sigmoid colon | | | | 20. AUTOPSY? YES <input checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 570.3 | | | |
| 22. I hereby certify that I attended the deceased from July 15, 1950 , to July 28, 1950 , that I last saw the deceased alive on July 28, 1950 , and that death occurred at 10:20 Am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Herbert L. Eisen, M.D. (Degree or title) | | | | 23b. ADDRESS Jewish Hospital of St. Louis | | 23c. DATE SIGNED 7-29-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-31-50 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REGISTRAR JUL 29 1950 | | REGISTRAR'S SIGNATURE J. B. Hasater | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway Bl. ADDRESS Mo. | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Storvick

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.