

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25241

State File No.

318

1003

6077

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		7209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				STREET ADDRESS (If rural, give location) <u>2229 St. Louis Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Sauerwein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>February 8 1891</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floor Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Buschart Printing</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl Sauerwein</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Balke</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-09-1322</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emilie Jaggi 2229 St. Louis Ave</u>			
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinoma of Rt. Ovary</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u> <u>3 1/2 mos.</u>	
19a. DATE OF OPERATION <u>5/25/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rt. Ovary</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>175X</u>			
22. I hereby certify that I attended the deceased from <u>April 1, 1950</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>July 2, 1950</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur Sander M.D.</u>				23b. ADDRESS <u>2202 University</u>		23c. DATE SIGNED <u>7/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co MO</u>	
DATE REC'D BY LOCAL REG. <u>MIL 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Insater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F Futz 4828 Nat Bridge Blvd</u>			

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

1/18/24

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.....

Licensed Embalmer No.....

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.