

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3714

FILED JAN 28 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0229**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>St. Louis 5803 S. Grand</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PHILIP</b>	b. (Middle) <b>H.</b>	c. (Last) <b>SAUTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 7, 1953</b>
-------------------------------------	--------------------------	-----------------------	-------------------------	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jun. 28, 1865</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>87</b>
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <b>John Sauter</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Trieb</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Sauter</b>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hugo Sauter</b>	ADDRESS <b>5803 S. Grand</b>
---	-----------------------------------	--	------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder &amp; Pyelonephritis and Hydroureters</b>		
	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. <b>Uremia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>181X</b>
--	--	--

22. I hereby certify that I attended the deceased from **1-3-53**, 19\_\_\_\_, to **1-7-53**, 19\_\_\_\_, that I last saw the deceased alive on **1-7-53**, 19\_\_\_\_, and that death occurred at **12:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Higgins, M.D.</b> (Degree or title)	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>1-7-53</b>
--	---	--------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>1-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mascoutah Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Mascoutah, Ill</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 9 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand Blvd.</b>
---	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*David Thompson*

Licensed Embalmer No. *4543*

P. O. Address *6322 So. Ave*

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.