

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25577

State File No. _____

FILED AUG 11 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1661

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>21 Days</u>	c. CITY OR TOWN <u>Maplewood Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Co Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>2652 Lyle Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>	b. (Middle) <u>Sauerwein</u>	c. (Last) <u>Sauerwein</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-54</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 26 1876</u>	9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months	if UNDER 24 Hrs. Hours	if UNDER 60 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>C. Schroeder</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Chas (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Sauerwein</u> ADDRESS <u>3934 Adams</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vasculer Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>yes.</u> <u>yes.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> <u>Cerebral vasculer sclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-9, 1954, to 7-10, 1954, that I last saw the deceased alive on 7-10, 1954, and that death occurred at 5:35 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Charles E. Bradene M.D.</u>	23b. ADDRESS <u>601. Brentwood</u>	23c. DATE SIGNED <u>7/10/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY, LOCAL REG. <u>7/13/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. Romke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u> ADDRESS <u>3013 Meramec</u>
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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.....
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *474*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.