

**FILED SEP 21 1954**

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

State File No. **32154**  
Registrar's No. **8353**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | c. LENGTH OF STAY (in this place) <b>10 yrs.</b>  | c. CITY OR TOWN <b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3507 Kingsland Ct.</b>                            |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |                                  |
| e. STREET ADDRESS <b>15 3507 Kingsland Ct.</b>  |  | (If rural, give location) <b>210 10</b>   |                                  |

|   |                                     |  |  |  |   |
|---|-------------------------------------|--|--|--|---|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>Ada</b> b. (Middle) <b>B.</b> c. (Last) <b>Saxer</b>    |                                     |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 9, 1954</b>                  |  |   |
| <b>5. SEX</b><br><b>f</b>   | <b>6. COLOR OR RACE</b><br><b>W</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b> | <b>8. DATE OF BIRTH</b><br><b>Feb. 21, 1879</b>                                    |  | <b>9. AGE</b> (In years last birthday) <b>75</b>  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                                     | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Own Home</b>                  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ashland, Kentucky</b> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>13a. FATHER'S NAME</b><br><b>John Brinton</b>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Unknown</b> |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>August J. Saxer</b>   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |  | <b>16. SOCIAL SECURITY NO.</b><br><b>none</b>      |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>August J. Saxer</b> <b>ADDRESS</b> <b>3507 Kingsland Ct.</b> |  |

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|--|---|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial Regurgitation</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>19 years</b><br><b>10 months</b><br><b>18 years</b> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocardial leak</b> |  |   |
|  | DUE TO (c) <b>Rheumatism</b>  |  |   |
| <b>11. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Stroke</b>  |   |  |   |

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|---|---|--|
| <b>19a. DATE OF OPERATION</b>                               | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>none</b>  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>None</b> | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>St. Louis Missouri Mo.</b>    |

|  |   |  |
|--|---|--|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><b>410x</b> |
|--|---|--|

**22. I hereby certify that I attended the deceased from** **March 10, 1924** **to** **9-9-1954**, that I last saw the deceased alive on **9-5-1954**, and that death occurred at **10:20 pm.**, from the causes and on the date stated above.

|   |                         |  |   |
|---|-------------------------|--|---|
| <b>23a. SIGNATURE</b><br><b>George M. ...</b> | (Degree or title) _____ | <b>23b. ADDRESS</b><br><b>6844 ...</b> | <b>23c. DATE SIGNED</b><br><b>9/11/54</b> |
|---|-------------------------|--|---|

|   |   |  |   |
|---|---|--|---|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Cremation</b> | <b>24b. DATE</b><br><b>Sept. 13, 1954</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Valhalla Crematory</b> | <b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b> |
|---|---|--|---|

|   |  |  |  |
|---|--|--|--|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>SEP 11 1954</b> | <b>REGISTRAR'S SIGNATURE:</b><br><b>Carl Smith</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>C. Hoffmeister</b> | <b>ADDRESS</b><br><b>6464 Chippewa</b> |
|---|--|--|--|

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

Dr. C. Baumgartner, C-  
2844a California  
PR 6-2320

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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 *Linus C. Hoffmeyer*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. K.*.....

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.