

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39195**
Registrar's No. **10018**

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY		a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 13 DAYS	c. CITY OR TOWN MASCOUTAH
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) CHARLES		11-3-54	
b. (Middle) EUGENE			
c. (Last) SAUERHAGE			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED, <input type="checkbox"/> NEVER MARRIED	8. DATE OF BIRTH 11-18-27
9. AGE (In years last birthday) 26	If UNDER 1 YEAR Months	If UNDER 1 HR. Hours	If UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) GORHAM, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME CHARLES SAUERHAGE		13b. MOTHER'S MAIDEN NAME MARY SORENSON	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WWII	16. SOCIAL SECURITY NO. 343-22-1055	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE FROM GASTRO-INTESTINAL TRACT		24 HOURS
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		9 YEARS
	DUE TO (b) PULMONARY TUBERCULOSIS		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 10-28-54	19b. MAJOR FINDINGS OF OPERATION CAVITATION OF LUNG DUE TO TUBERCULOSIS		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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 002X	
22. I hereby certify that I attended the deceased from 10-21-54 , 19___, to 11-3-54 , 19___, and that death occurred at 7:55 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Donald L. Stoner M.D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 11-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-4-54	24c. NAME OF CEMETERY OR CREMATORY City Cem	24d. LOCATION (City, town, or county) (State) Mascoutah Ill.
DATE REC'D BY LOCAL REG. NOV 4 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hoercher Fun. Home, Mascoutah, Ill.	

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.....

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