FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31714

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2076

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6309 McPherson Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6309 McPherson Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EMIL
c. (Last): SAUER

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician-Ear, Nose, Throat-Medical Profession
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Evansville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nicholas Sauer
13b. MOTHER'S MAIDEN NAME: Elizabeth Gerlach
14. NAME OF HUSBAND OR WIFE: Irene Borders Sauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dr. W. Nicholas Sauer 8142 Amherst Avenue

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Renal Insufficiency — years
DUE TO (c) Generalized Arteriosclerosis — years

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: 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 3 Sept, 1955, *that I last saw the deceased alive on* 3 Sept, 1955, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Baumgarten Jr. - M.D.
23b. ADDRESS: 3720 Washington Ave
23c. DATE SIGNED: 4 Sept 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 9/7/55
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: 9/6/55
REGISTRAR'S SIGNATURE: Herbert R. Hamke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. R. Lupton & Sons 7233 Delmar Boulevard

(Licensed Embalmer's Statement on Reverse Side)

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

Sunday - 10:00 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 384

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.