

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 01 77 15
State File No.

FILED JUN 7 1957

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5394 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>RURAL MERAMEC</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Dittmer Mo Rb1</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ridge Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>RIDGE RD JEFFERSON MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>M.</u> c. (Last) <u>SAUER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 57</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 23 1906</u>	9. AGE (In years last birthday) <u>50</u>	1. YEAR Months Days	IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor-Pheasant Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WALTER A SAUER</u>	13b. MOTHER'S MAIDEN NAME <u>MARCELLA MATHEIS</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN C SAUER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-10-9782</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HELEN C SAUER DITTMER MO Rb1</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ENDOCARDITIS</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>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL CAUSE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec Jefferson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 13 57 3:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 19, 1957, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James C. Schmitt M.D. Coroner</u>	23b. ADDRESS <u>St. Louis Mo</u>	23c. DATE SIGNED <u>5/17/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	24b. DATE <u>May 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
DATE REC'D BY LOCAL REG. <u>5/22/57</u>	REGISTRAR'S SIGNATURE <u>Robert C. Sauer</u>	

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

544
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JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

JUN 10 1957
DATE RECEIVED
JUN 14 1957
MAY 27 1957

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 *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 Kingsley*.....

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.