Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003754
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis County Hosp. — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Lemay 4861 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 916 Zeiss ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First August Middle E. Last Sauer

4. DATE OF DEATH Month January Day 13 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 1,1912

9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rabies Contro Officer

10b. KIND OF BUSINESS OR INDUSTRY County Health Dept.

11. BIRTHPLACE (City and state or country) St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Valentine Sauer

13b. MOTHER'S MAIDEN NAME Minnie Evenhuth

14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-07-3410

17. INFORMANT Margaret Sauer — Address 916 Zeiss ave. Lemay,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 20 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) hypertensive cardiovascular renal disease — 7 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 22c CORRECTED BY AFFIDAVIT OF Physician 3-31-59 DEL

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958 August, to death and last saw her/him alive on Jan 11, 1958
Death occurred at 12:01 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) John G. Kellett M.D. — J G Kellett MD

22b. ADDRESS 2314 Telegraph

22c. DATE SIGNED 1 16 ~~58~~ 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan.17,1959

23c. NAME OF CEMETERY OR CREMATORY St.Lucas Cemetery

23d. LOCATION (City, town, or county) (State) Sappington,Mo.

24. FUNERAL DIRECTOR C.Hoffmeister Mortuaries — ADDRESS 7814 S.Broadway

25. DATE RECD. BY LOCAL REG. 1-16-59

26. REGISTRAR'S SIGNATURE John C. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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.