

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003821  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 382  
FILED FEB 16 1959

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kirkwood</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>High Ridge</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>St. Joseph's</u> INSTITUTION		Length of stay in 1b <u>1 week</u>	d. STREET (ADDRESS) <u>None</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Marian</u> Middle <u>Isabelle</u> Last <u>Saenger</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>7</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 5th 1923</u>		9. AGE (In years last birthday) <u>35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>Woodlawn Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Roscoe Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Tiddlet</u>		14. NAME OF HUSBAND OR WIFE <u>Fred J. Saenger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-18-7240</u>	17. INFORMANT Address <u>Fred J. Saenger High Ridge, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic glomerulonephritis with anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Dec. 10 1958, to Feb 7, 1959 and last saw her alive on Feb 7 1959  
Death occurred at 10: Pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert W. Tichauer MD</u>	22b. ADDRESS <u>P.O. Box 6 Sappington 23 Mo</u>	22c. DATE SIGNED <u>2-9-59</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>	23b. DATE <u>2/10/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT LEBRON</u>	23d. LOCATION (City, town, or county) <u>ST LOUIS COUNTY</u>	(State) <u>Missouri</u>
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24. FUNERAL DIRECTOR <u>FROHITTER-MILLER MISSOURI</u>	ADDRESS <u>HIGH RIDGE MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-59</u>	26. REGISTRAR'S SIGNATURE <u>Gen. C. Murgley, Miller</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ilth,  
office  
lic  
vice

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AN DISCUSS THIS PART MUST BE COUNTY RETURNED.

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 *Merville B. Frohwitter* .....

Licensed Embalmer No. *3696* .....

P. O. Address *High Ridge,* .....

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.