

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025315

FILED VS JUN 20 1960 317

Primary Registration District No. 500 Registrar's No. 1735

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Country Club Hills | | Length of stay in 1b 1 year | c. CITY OR TOWN Country Club Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5625 Curry Avenue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5625 Curry Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) Margaret Sauer | First Middle Last | 4. DATE OF DEATH June 1 1960 | Month Day Year |
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|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-6-1894 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Waterloo, Illinois | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Henry Lutker | 13b. MOTHER'S MAIDEN NAME Rose Ganley | 14. NAME OF HUSBAND OR WIFE Martin B. Sauer |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Martin B. Sauer, 5625 Curry Avenue |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ① Terminal Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| DUE TO (b) ② Bowel resection - non malignant | | |
| DUE TO (c) ③ Complicated by Massive venous Thrombosis | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Scleroh of veins left leg. Multiple skin embolic infarcts - | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year 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 Feb 1960 to 6-1-60 and last saw her alive on 5-31-60 Death occurred at 9:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Roland H. Steubner M.D. | 22b. ADDRESS 35 No Central, Clayton, Mo | 22c. DATE SIGNED 6-2-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 4, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery |
| 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | 24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, I c., 2161 E. Fair Av | 25. DATE RECD. BY LOCAL REG. 6-2-60 |
| | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address A. Larrin

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