

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14692

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township Boonville Primary Registration District No. 3015 Registered No. 53
 or
 (c) City Boonville (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: 360 Joseph L. Sauter.

(a) Residence, No. 360 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	2	11	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant.
 9. Industry or business in which work was done, as saw mill, bank, etc. Hardware.
 10. Date deceased last worked at this occupation (month and year) 1906
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moniteau Co., Mo.
 (STATE OR COUNTRY)

FATHER
 13. NAME Matthew Sauter,

14. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Rosa Knaupp.

16. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

17. INFORMANT Joe Memmel,
 (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Walnut Grove DATE April 30", 1939

19. FUNERAL DIRECTOR (NAME) Goodman & Boller.
 (ADDRESS) Boonville, Mo.

20. FILED 5-1 19 39 DeLooper
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27", 1939

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1939 to April 27, 1939
 I last saw him alive on April 21, 1939 death is said to have occurred on the date stated above, at 4:35 PM

The principal cause of death and related causes of importance were as follows:

Apoplexial

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) e. H. Va Raven/wan D.

177 (Address) Boonville

RECEIVED
District Health Officer No. 8,
District File Number
ate Filed
6E/B/c

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. J. Bolter

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo.

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 this body is not embalmed, above space should be left blank.