

38242

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

10081

DEC 13 1939 791

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 4000 S. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Frank Thoenes Sauer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3-8-1917  
(Month) (Day) (Year)8. AGE: Years 22 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Fred Sauer13. Birthplace St. Louis County, Mo  
(City, town or county) (State or foreign country)14. Maiden name Marie Reising15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Fred Sauer(b) Address 4000 S. Main St.17. (a) Burial (b) Date thereof 11-27-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Louis Cemetery18. (a) Signature of funeral director Southern Funeral Home(b) Address 6322 S. Grand19. (a) NOV 26 1939 (b) J. P. Budick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4000 S. Main St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24  
year 1939 hour 8 minute 15 A.M.21. I hereby certify that I attended the deceased from 6/1/37  
\_\_\_\_\_, 19\_\_\_\_, to 11-24, 19\_\_\_\_;that I last saw him alive on 11-23, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Angry's spleen  
causing rupture Duration 18 min.Due to Epileptic Seizure 10 minDue to Spasms ?Other conditions \_\_\_\_\_  
(Includes pregnancy within 9 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Setiel (M. D. or other) MDAddress 3800 S. Main Date signed 11/27/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Egel  
1030 - 11:30  
3800 - S. Berry

**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 Eugil L. Berryman  
Licensed Embalmer No. 74018  
P. O. Address St. Louis 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.**