

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 yrs. 11 mos 2 days
In this community 69 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
Post No. 5400 Arsenal St
1805 a Knapp
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Harry Saenger 526
(b) If veteran, name war No (c) Social Security No. No
4. Sex Male 5. Color or race White 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 April 11th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 69 8 12 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil
11. Industry or business Nil

MOTHER FATHER
12. Name Unknown ?
13. Birthplace Unknown Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ?
15. Birthplace Unknown Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter Todd
(b) Address 5400 Arsenal St
17. (a) Burial (b) Date thereof Dec. 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. H. M. Laughlin
(b) Address 2301 Lafayette Ave.

19. (a) DEC 26 1939 (b) J. J. Buehler
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd.
year 1939 hour 8:15 p. minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 15/39
to Dec. 22, 1939
that I last saw him alive on Dec. 22nd., 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis 12-22-39
Duration _____

Due to Mitral Stenosis 11-15-39 *
Broncho-Pneumonia 12-20-39
Due to Arteriosclerosis 11-15-39 *

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Yes
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 Garry Boers (M. D. or other)
Address 5400 Arsenal St. Date signed _____

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.

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 *L R Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.