

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20252**

Registrar's No. **5200**

Registration District No. **797 28th**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 In this community Life 55 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Rural (If outside city or town limits, write "RURAL") N.R.  
 (d) Street No. Eureka Route (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 55 years

3. (a) PRINT FULL NAME Martin Sauter **360**

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Hulda 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Nov 10 1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 2 If less than one day hr. min.

9. Birthplace unknown Germany (City, town, or county) (State or foreign country)

10. Usual occupation baker

11. Industry or business "

12. Name unknown

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hulda Sauter

(b) Address Eureka Mo

17. (a) burial (b) Date thereof 6/15/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge

18. (a) Signature of funeral director Henry W. Koch

(b) Address High Ridge Mo

19. (a) JUN 14 1940 (b) J. F. Brubek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1940 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 4 1940, 1940, and that I last saw her alive on June 11 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Oesophagus? Duration ?

Due to HI  
 Due to HI  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: yes  
 Of operations yes  
 Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence no  
 (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 James H. Meador (M. D. or other) Address 237 Central Date signed 6/13/40

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

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.

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**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, ~~my~~.....  
....., Registered Apprentice No.....,  
working under my personal supervision.

Signed *Kenneth W Koch*  
Licensed Embalmer No. *3047*  
P. O. Address *Kenton 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.**