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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12019

MAR APR 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 625

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Moline (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Halls Ferry Memorial Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community Not known years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1460 East Warne Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Christina Saenger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Gustav Saenger

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 15, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	4	hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER

12. Name George Klotz

13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER

14. Maiden name Not known

15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mr Louis Saenger

(b) Address 1460 East Warne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 3-22-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19, year 1941 hour 1 minute M.

21. I hereby certify that I attended the deceased from March 16, 1941, to March 19, 1941; that I last saw her alive on March, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Diabetis ++++

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Shaw (M. D. or other) 0

Address 4932 - Mary Land Date signed 3-19-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2967

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, fact should be so stated above.