

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39839  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JAN 24 1942 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town 1910 Virginia St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1910 Virginia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1910 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Sauermann  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Dr. Hans Sauermann  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 6th, 1863.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 9 23 hr. min.

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

10. Usual occupation At home.

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

MOTHER FATHER { 12. Name John Neibert  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Saeder  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Ferris  
(b) Address 1910 Virginia

17. (a) Burial (b) Date thereof 12/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director John H. Ziegenhagen  
(b) Address 7027 Gravois Ave.

19. (a) DEC 1 1941 (b) J. T. Prudeck  
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 28th  
year 1941 hour 12 minute 20 P. M.  
21. I hereby certify that I attended the deceased from Nov 25  
11 to Nov 28 1941  
that I last saw her alive on Nov 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2 yrs

Due to Arteriosclerosis - Chronic 6 yrs  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

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) acc  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature J. T. Prudeck (M. D. or other)  
Address 8098 Bellevue Date signed Dec 1 1941

**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. P. Kidwell*.....  
Licensed Embalmer No. *3877*.....  
P. O. Address *7027 Garrow's*.....

**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.**