

FILED JAN -5 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10878

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
4110 W. Penrose St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 44 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4110 W. Penrose St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Anna Sauer

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Carl Sauer

(c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 5, 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>22</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business Unknown

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carl Sauer

(b) Address 4110 W. Penrose St.

17. (a) Burial (b) Date thereof 12/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son  
 (b) Address 2161 East Fair Ave

19. (a) DEC 28 1942 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27,  
 year 1942 hour 10:00 AM minute 00 M.

21. I hereby certify that I attended the deceased from S. E. Carter  
1st to 12/27, 1942  
 that I last saw him alive on Dec 27, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertension  
Heart Disease

Duration 3 1/2

Due to 7/2

Due to 7/2

Other conditions 7/2  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations 7/2

Of autopsy 7/2

PHYSICIAN 7/2  
 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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(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? 0 Means of injury 0

23. Signature Francis Medler (M. D. or other) 0  
 Address 4114 W. Flouris St Date signed 12/28/42

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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, or by.....

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

Signed *William G. Bushko*  
Licensed Embalmer No. *2760*  
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.**