

FILED JAN 12 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
5803 South Grand Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 01

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

(d) Street No. 5803 South Grand Blvd.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie E. Sauter

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Philip H. Sauter

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: December 4 1864  
(Month) (Day) (Year)

8 AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Mascoutah Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

FATHER { 12. Name Ernst F. Hagist

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

MOTHER { 14. Maiden name Elizabeth Frey

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

16. (a) Informant Mr. P.H. Sauter

(b) Address 5803 South Grand

17. (a) Burial (note) (b) Date thereof 1/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah, Ill.

18. (a) Signature of funeral director W. J. Robert d. + H. Co.

(b) Address 1905 South Grand

19. (a) JAN 4 1944 (b) J. F. Buehler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2  
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1943 to Jan 2 1944  
that I last saw her alive on Jan 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 1 day

Due to: Coronary Sclerosis 1 yr

Due to: arterio Sclerosis 27 yr

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Buehler (M. D. or other) \_\_\_\_\_  
Address 1924 S. Grand Date signed 1/2/44

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

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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 Frank Prokoff  
Licensed Embalmer No. 4356  
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.**