

S. No. 2
M-5443
r. 5-17-39
p. 1 X36671

FILED NOV 13 1946
Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **368**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
Southeast Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Sauerbrunn

3. (b) If veteran, name war no

3. (c) Social Security No. 710

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 28 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 4 8 hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Thomas Sauerbrunn

13. Birthplace Don't Know Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wastman

15. Birthplace Don't Know Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Sauerbrunn

(b) Address Cubden, Ill

17. (a) Burial (b) Date thereof 11/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeth

18. (a) Signature of funeral director Paul Harris

(b) Address Jonesboro, Ill

19. (a) 11-7-46 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Union

(c) City or town Anna, Ill
(If outside city or town limits, write "RURAL")

(d) Street No. 333 E. Vienna
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 46 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-17-46
to 11-6-46
that I last saw him alive on 11-6-46
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration _____

Due to Chr myocarditis 10 yrs

Due to Hypertrophy of Prostate 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Paul Harris M.D. Registrar
Address Cape Girardeau Date signed 11-6-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 7 1947

RECEIVED

District Health Officer No. 4
File Number 1146-2844
Filed 1-12-46

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. #4900

working under my personal supervision.

Signed Cecil Morris

Licensed Embalmer No. 4900

P. O. Address Lawson, Ill

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.