

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 42915
10642
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Desloge Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 1818 Thurman Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elise Saussele
(b) If veteran, name war None
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 10th
year 1946 hour 3:30 minute P.M.

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Herman
7. Birth date of deceased Nov. 13 1891

21. I hereby certify that I attended the deceased from Dec 10 1946 to Dec 10 1946
that I last saw her alive on Dec 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis

Duration 3 hours

8. AGE: Years 55 Months 0 Days 27

Due to: Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace Germany
10. Usual occupation Saleslady

Major findings: (Autopsy performed with coroner's permission)
Of autopsy: Confirmed diagnosis given above

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

11. Industry or business Saussele Bakery
12. Name Fred Kenngott
13. Birthplace Germany
14. Maiden name Marie Roman
15. Birthplace Germany

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Herman Saussele
(b) Address 1818 Thurman Ave.
17. (a) Cremation (b) Date thereof 12 13 46
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

23. Signature G. O. Brown (M. D. or other)
Address 1325 S. Grand Date signed 12/11/46

19. (a) DEC 12 1946 (b) J. F. Bredbeck (Registrar's signature)

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

41724

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 *Edwin M. Alworth*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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.