

S. No. 2
-12-45
5-17-39
I X47070

FILED FEB 3 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution 10 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jersey **999**

(c) City or town Jerseyville
(If outside city or town limits, write "RURAL") **NR 11**

(d) Street No. _____ (If rural, give location) **8**

(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Sauer

3. (b) If veteran, name war None 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 Edward Sauer 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 5 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1947 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from December 2, 1946, to January 19, 1947, that I last saw her alive on January 19, 1947, and that death occurred on the date and hour stated above.

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

<u>77</u>	<u>0</u>	<u>14</u>	hr. min.
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Immediate cause of death Myocardial Infarction **1 wk**

Due to Generalized Arterio-sclerosis **1.0 yr.**

Due to _____

9. Birthplace: Alton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 940

11. Industry or business _____

12. Name Joseph Stone

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

14. Maiden name Kathryn Holland

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. J. Barnett

(b) Address 4928 Buckingham Court

17. (a) Removal (b) Date thereof 1/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Illinois

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? _____

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) _____ (b) J. J. Bridget
(Date received local certificate) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Clarence E. Mueller (M. D. or other) **0**

Address 634 71 Grand Blvd Date signed 1-20-47

JAN 20 1947

APR 27 1955

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 Ernest W. Gillard

Licensed Embalmer No. 4080

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.