. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8063

State File No. 7206

Registrar's No. 571

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ST. LOUIS CO. HOSP. 0
(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 ST. LOUIS 96

(c) City or town CLAYTON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7447 CROMWELL DR. 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MRS BETTY SANER

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

3. (c) Social Security No. .....

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased DEC (Month) 28 (Day) 1879 (Year)

8. AGE: Years 69 ~~79~~ Months 2 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace OTTERVILLE (City, town, or county) MO (State or foreign country) 1

10. Usual occupation HOUSE WIFE

11. Industry or business .....

MOTHER FATHER

12. Name JOHN GRANEY 1

13. Birthplace (City, town, or county) IRELAND (State or foreign country) 4

14. Maiden name UNKNOWN

15. Birthplace (City, town, or county) IRELAND (State or foreign country) 4

16. (a) Informant MRS L. H. KUECK

(b) Address 7447 CROMWELL DR.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)

(c) Place: burial or cremation SADALIA MO.

18. (a) Signature of funeral director M. J. CROGHAN

(b) Address 7146 MANCHESTER.

19. (a) 3-14-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 10 year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on 1 ....., 19...., and that death occurred on the date and hour stated above.

Immediate cause of death .....

Cause unknown

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature Ruth J. Allen (M. D. or other)

Address Actg. Comm. of Health Date signed 3-11-47

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1947

AUG 4 1947

MAY 7 1947

APR 4 1949

APR 3 1949

## 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.....Albert G. Harper.....

Licensed Embalmer No.....2971.....

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.**

State of Ohio
County of Cuyahoga } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 7206
Local Registrar's No. 571

On this 18th day of April, 1947, before me appears John A. Sauer, who, upon oath, states that the original record of ~~death~~ birth for Elizabeth B. Sauer ~~died~~ born Dec. 28, 1879, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read 1879
Instead of 1869

Item No. 8 should read 69 - 2 - 11
Instead of 79 - 2 - 11

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John A. Sauer, Son
Relationship.
11517 Linnet ave
Cleveland Ohio
Present Address.

Subscribed and sworn to before me this 18th day of April, 1947

JOHN E. WHALEN, Notary Public
My Commission Expires Feb. 22, 1950.

My commission expires ..... John E. Whalen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above.

4-21-47

V. S. 135
4—8-43
I X37817

S- 7206