

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35127

State File No. _____
Registrar's No. **9382**

FILED NOV 15 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9382		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo			c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN St. Louis Mo.		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital				e. STREET ADDRESS (If rural, give location) 4137A Alma						
3. NAME OF DECEASED (Type or Print) a. (First) Isador			b. (Middle) _____			c. (Last) Saner			4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26 1878		9. AGE (In years) (Month) (Day) (Hours) (Min.) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery				10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery		11. BIRTHPLACE (City and State or Foreign Country) Switzerland			12. CITIZEN OF WHAT COUNTRY? 5	
13a. FATHER'S NAME John Saner			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE Minnie Saner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 494-10-9572		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Saner 4137A Alma					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sen. Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 month yr.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420-0						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from Oct 25, 1955 , to 10/27/55 , 19____, that I last saw the deceased alive on 10/27/55 , 19____, and that death occurred at 9:15A m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) R. Amey Md.				23b. ADDRESS 539 N. Grand			23c. DATE SIGNED 10/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/29/55		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL REG. OCT 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith Md			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm, Schumacher 3013 Meramec					

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

(Licensed Embalmer's Statement on Reverse Side)

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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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *4746*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.