

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012584  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 749

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>University City</b> <b>4000</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis County Hosp. 27 Hrs.</b>   |                                  | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br><b>8609 Mayflower Court</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HANS</b> Middle <b>J.</b> Last <b>SAEMANN</b><br><b>Hans J. Saemann</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>13</b> Year <b>58</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>February 19, 1905</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Regional Adv. Mgr.</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Carling Brewery</b>   | 9. AGE (In years last birthday) <b>53</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><b>Berlin, Germany</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Julius Saemann</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Kretchman</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Mildred Saemann</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>492-03-1925</b>   | 17. INFORMANT Address<br><b>Mrs. Mildred Saemann - 8609 Mayflower Ct.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Subarachnoid Hemorrhage ducts unknown Cause</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) <b>330X</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20e. CITY, TOWN, OR LOCATION<br><b>St. Louis County</b>  |                                  | 20f. STATE<br><b>Missouri</b>   |   |
| 21. I attended the deceased from <b>3-11-58</b> to <b>3-13-58</b> and last saw him alive on <b>3-13-58</b><br>Death occurred at <b>12:48 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Angelo A. Spens M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>601 So. Brentwood</b>  | 22c. DATE SIGNED<br><b>3/13/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>March 15, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>   |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri</b>   |                                  | 23e. (State)  |   |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc., 2161 East Fair.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-14-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Berleat P. Donke M.D.</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

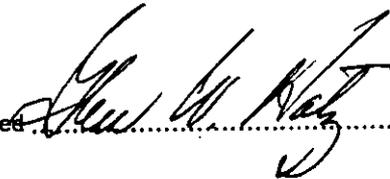
MEDICAL CERTIFICATION

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



Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

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.