

FILED VS MAR 1 1961

318

Primary Registration District No. 1003

Registrar's No. 1743

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in lb <i>1 Week</i>	c. CITY OR TOWN <i>University City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Baptist Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>8740 Delmar Blvd</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Roy Charles Sauerbrunn</i>			4. DATE OF DEATH Month Day Year <i>February 20, 1961</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/15/91</i>
9. AGE (last birthday) <i>69</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>George Sauerbrunn</i>	
13b. MOTHER'S MAIDEN NAME <i>Emma Loheide</i>		14. NAME OF HUSBAND OR WIFE <i>Florence Sauerbrunn</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W.W.I</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>George C. Sauerbrunn 8740 Delmar Blv.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured Aortic Aneurysm</i> DUE TO (b) <i>Cardio-vascular disease</i> DUE TO (c) <i>422.1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden June 1959</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan 18 '61</i> to <i>Feb 20 '61</i> and last saw him alive on <i>Feb 20 '61</i> Death occurred at <i>4:35 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James C. Forester, M.D.</i>		22b. ADDRESS <i>3903 Oliver St</i>	22c. DATE SIGNED <i>2-21-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal (Air)</i>	23b. DATE <i>2/21/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Muscantine Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Muscantine, Iowa</i>
24. FUNERAL DIRECTOR <i>Alexander &amp; Sons 6175 Delmar Blv</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 21 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J. A. Forsen

3903 Olive St

Je. 1-1883

1 to 3 P.M.

MAR 17 1961

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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address Feb 20 - 1961

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.