

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014387

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 834

STATE FILE NUMBER

VS 300
Rev. 4/59
14000
24000
3
4 0
5 0
6
7 2
8 2
94200
10
11
12 96-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FILED MAR 18 1963

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis, 26, Mo. Length of stay in 1b
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5244 S. Lindberg Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST. Louis
c. CITY OR TOWN ST. Louis, 26, Mo. Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5244 S. Lindberg Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Gustave Middle Fredrick Last Sauter
4. DATE OF DEATH Month March Day 9 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 2, 1885 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Belgium 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE NONE

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. [redacted] 17. INFORMANT Address ST. Louis, 26, Mo.
237 Margaret Davis 5244 S. Lindberg

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease 2 Bronchopulmonary emphysema
DUPLICATE TO grade 2
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
DUPLICATE TO
DUPLICATE TO
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Sept. 1962 to March 9 1963 and last saw him alive on March 7 1963
Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M. [unclear] M.D. 22b. ADDRESS P.O. Box 8028 St. Louis 6 Mo 22c. DATE SIGNED 3-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 12, 1963 23c. NAME OF CEMETERY OR CREMATORY Laural Hill Gardens 23d. LOCATION (City, town, or county) (State) ST. Louis, Mo.

24. FUNERAL DIRECTOR Witt Mortuary ADDRESS 6409 Gravois Ave. 25. DATE RECD. BY LOCAL REG. 3-10-63 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DR. R. W. Tischenoff

11521 Gravois Rd.

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 Yves M. Simeon

Licensed Embalmer No. 4343

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.