MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5395 STATE FILE NUMBER -63-022183

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 2 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Calif — b. COUNTY:
c. CITY OR TOWN: Newbury Park — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3256 Frankie Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALBERT Middle THOMAS Last SAUER
4. DATE OF DEATH: Month May Day 19, Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/3/1899
9. AGE (last birthday): 63 — 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): Real Estate Salesman
10b. KIND OF BUSINESS OR INDUSTRY: (Calif) Ins Co
11. BIRTHPLACE (City and state or country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John August Sauer
13b. MOTHER'S MAIDEN NAME: Louise Mary Risch
14. NAME OF HUSBAND OR WIFE: Viola Debus Sauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of se WW I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Robert T. Sauer — Address: R.R. # 3 Box 284 Chesterfield, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): HEPATIC COMA — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA OF LIVER — 1 MO
DUE TO (c): 1561

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROTIC HEART DISEASE

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 APR. 25, 1963 to MAY 19, 1963 and last saw her/him alive on MAY 18, 1963
Death occurred at 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E. Roch, M.D.
22b. ADDRESS: 35 N. CENTRAL
22c. DATE SIGNED: 5.20.63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 21, 1963
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis ~~County~~, Missouri

24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: MAY 20 1963
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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_____ Signed Vernon C. Vedder
Signature of Student Embalmer

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar St. Louis 12, 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.