

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 11 1939

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Desloge
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 6 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
 (c) City or town Delmar
(If outside city or town limits, write "RURAL")
 (d) Street No. 4617a Delmar
(If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Susan Savage 120

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 10, 1854
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 8 If less than one day hr. min. 2

9. Birthplace Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Wommer

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Keushner

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. Goldena Savage

(b) Address 4617a Delmar Blvd.

17. (a) Burial (b) Date thereof 7/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 1111 13 1939 (b) J. B. Baedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
 year 1939 hour 6.10 P.M. minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
free due to falling
 Due to in her home May 29
 Due to 1939 about 11:00 P.M.

Other conditions Accident
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations

Of autopsy None

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) Accident

(b) Date of occurrence 5/29/39

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? 4 (e) Means of injury

23. Signature Joseph M. Juxon (M. D. or other)

Address Deputy Coroner Date signed 7/13

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Flora Eynck

Licensed Embalmer No. *1284*

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 this body is not embalmed, above space should be left blank.