No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9173

FILED APR 20 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3247

35
100
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If not in city or town, give township)

(c) Name of hospital or institution C.B. Nash (If not in hospital or institution, write street number or location) ~~FRISCO LOCOMOTIVE WORKS~~ ENG. route

(d) Length of stay: In hospital or institution ~~FIFTY~~ RD. (Specify whether years, months or days)

In this community 30 MINUTES

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Chaffee Mo. NR (If outside city or town limits, write "RURAL")

(d) Street No. 127 Fraker (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Amos Joseph Sawyer

3. (b) If veteran, name war ✓

3. (c) Social Security No. 102-07-1498

4. Sex MALE

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Sawyer

6. (c) Age of ~~husband~~ or wife if alive 47 years

7. Birth date of deceased Jan. (Month) 3 (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation ENGINEER

11. Industry or business Railroad

MOTHER FATHER

12. Name Amos J. Sawyer

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

14. Maiden name ANNA LINTON

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Stella Sawyer

(b) Address Chaffee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Chaffee Mo.

19. (a) APR 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Alfred Gerry (M. D. or other)

Address [illegible] Date signed 4/11/42

844 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.