

No. 2  
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5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 6 1947 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23088

State File No. ....

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 6268

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7007 Pernod Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7007 Pernod Ave.  
(If rural, give location)  
(e) No Attending Physician (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1942 hour 8:10 minute A.M. 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.

Immediate cause of death.....  
Coronary Occlusion  
Coronary Sclerosis  
Cardiac Hypertrophy

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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?

23. Signature Thomas J. Callahan (Specify type of place) While at work? (e) Means of injury  
Address Deputy Coroner Date signed 7/27/42

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

3. (a) PRINT FULL NAME Benjamin L. Savignac

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 55 years  
Maud R. Savignac

7. Birth date of deceased Feb. 10th 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 13 If less than one day  
..... hr. .... min.

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

10. Usual occupation Drayage Business

11. Industry or business.....

12. Name Benjamin Savignac

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

14. Maiden name.....

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

16. (a) Informant Mrs. Maud R. Savignac

(b) Address 7007 Pernod Ave.

17. (a) Burial (b) Date thereof 7-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director.....  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 24 1942 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

AUG 22 1943

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**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 *R. Reinhold T. Holzman*

Licensed Embalmer No. *3395*

P. O. Address.....

**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, fact should be so stated above.**