

APR 28 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3620

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:
4722 So. Grand Blvd.
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4722 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16
year 1943 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-1-42
1942 to 4-16 1943
that I last saw him alive on 4-14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Disease

Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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 P. J. Gauron (D. or other)
Address 2762 Pauline Date signed 4-16-43

3. (a) PRINT FULL NAME Frank Scott Sawers

3. (b) If veteran, name war None 3. (c) Social Security No. 087-07-4057

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

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

7. Birth date of deceased August 26, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 7 21 hr. min.

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

10. Usual occupation Office Manager

11. Industry or business Socony-Vacumm Oil Co.

12. Name Harold Sawers

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

14. Maiden name Emma Scott

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

16. (a) Informant Virginia Sawers

(b) Address 4722 So. Grand Blvd.

17. (a) Burial (b) Date thereof 4/19/43/
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Charles J. Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) APR 19 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Thomas R. Jewick*

Licensed Embalmer No. *3793*

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, fact should be so stated above.