

FILED SEP 28 1943 8

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**714 N. 18th Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **90 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Angeline Savage**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **William Savage** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 1 1882**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Agams Cy Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER

12. Name **Dan Calvin**

13. Birthplace **South Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Nellie Bingham**  
 (b) Address **714 N. 18th St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/17/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Wade Finney**  
 (b) Address **4802 S. Finney**

19. (a) **SEP 15 1943** (b) **J. W. B. Clark**  
(Date received local registrar) (Registrar's signature)

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. **714 N. 18th Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **12** year **1943** hour **12** minute **45 AM**

21. I hereby certify that I attended the deceased from **July 17 1943** to **SEPT. 12 1943**  
 that I last saw **her** alive on **SEPT 10 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration 1 year

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **7/2**  
(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?

While at work \_\_\_\_\_ (Specify type of place)  
(a) Means of injury  
 23. Signature **W. H. B. Clark** (M. D. or other)  
 Address **2748 Franklin** Date signed **9-14-43**

**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..... *S. J. Watson*.....

Licensed Embalmer No. *2498*.....

P. O. Address: *2745 Chouteau*.....

**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.**