

FILED OCT 9 1943/7
Registration District No. 1943/7

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mabel E. Sayers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sam Sayers

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 31st 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>2</u>	<u>2</u>	br. _____ min.

9. Birthplace Golden City Mo. h
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eugene Effie

13. Birthplace Genoa Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stryker

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Sayers

(b) Address 4989 Tholozan Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Springfield Missouri

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 10-4-43 (Date received local registrar) (b) C. D. McGowan, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4989 Tholozan Ave. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 22
_____, 19____, to Oct 2, 1943;
that I last saw h. alive on Oct 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Quarantined

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. M. Sayers (M. D. or other) _____

Address Ma. Tholozan Ave. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

As Manager, see notes

OCT 30 1959

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 *Edwin W. Mc Dermott*

Licensed Embalmer No. *3024*

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.