

#34759

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32778

FILED OCT 23 1944
Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 8850

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City 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 Azro Sappington

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

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

6. (b) Name of husband or wife..... Ida Sappington 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased..... October 2 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 14 hr. min.

9. Birthplace..... Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER { 12. Name..... William Sappington
13. Birthplace..... St. Louis Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... India Crockett
15. Birthplace..... St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. S Sutterfield
(b) Address..... 842 Hawkins Court

17. (a) Burial (b) Date thereof..... 10-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sullivan, Missouri

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) Oct 18 1944 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town..... Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 842 Hawkins Court.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 10/10/44
....., 19....., to Oct. 16th, 19 44
that I last saw h..... alive on Oct. 16th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary thrombosis
Due to.....
arteriosclerotic heart disease of 2°
Due to.....
Other conditions..... Psychosis - other somatic disease
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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) (c) Means of injury.....
23. Signature..... Ellis S. Lipitz (M. D. or other) 10/16/44
Address..... 1515 Lafayette Date signed.....

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

17
9

96
NR7
4

John G. Ganoche
March 24

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 *John Ganoche*
Licensed Embalmer No. *3398*
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.