S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40136

State File No.

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10524

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(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 000

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

(d) Street No. 4217 Blaine ave. 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMMA Saulsbury

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William C.Saulsbury

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

7. Birth date of deceased December (Month) 12 (Day) 1873 (Year)

8. AGE: Years 73 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Ferguson
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Unknown Stanton
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. eroeg Beavers
(b) Address 4217 Blaine ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) NOV 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11/12/47, 19, to Nov. 14th, 1947 that I last saw her alive on Nov. 14th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to anemia

Due to myelogenous leukemia (aleukemia)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 74

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Oscar F. Morrow, M.D. (M. D. or other)

Address 1515 Lafayette Date signed 11/14/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis E. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7874 S. Broadway

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.