I. No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14612

FILED APR 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3510

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: De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5319 Easton Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Saey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Bruno Saey
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb. (Month) 19 (Day) 1880 (Year)

8. AGE: Years 68 Months 1 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Belgium (State or foreign country) 11
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bruno Saey
(b) Address 5319 Easton Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11 year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 38 to April 11 19 48 that I last saw he alive on April 11, 1948 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	
Coronary heart disease	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. S. Wurmoc (M. D. or other) MD
Address 5342 Ferrar Date signed 4-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

539 N. Grand Blvd.,
(2 to 4)

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.....Albert R Thompson Jr.....

Licensed Embalmer No. 4267

P. O. Address St. Louis

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.