

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11542

State File No. _____

No. 300
10-48

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 851

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: rank before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nasadena Hills 4170	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 3830 Roland Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) SAXE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 29, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1878	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Chiropractor	11. BIRTHPLACE (State or foreign country) Albion, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George R. Saxe	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Baxter	14. NAME OF HUSBAND OR WIFE Catherine Legendre Saxe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Saxe	ADDRESS 3830 Roland Bly
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gargnere of Blood due to</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Interruption And Valvular</i>		
	DUE TO (c) <i>Plumegine Cerebral</i> <i>no probable stroke</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cirrhosis of Liver</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Autopsy of right Kidney</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *March 24, 1952* to *March 24, 1952*, that I last saw the deceased alive on *March 29, 1952*, and that death occurred at *11 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>David J. Light D.O.</i>	23b. ADDRESS <i>6738 W. Flourissant</i>	23c. DATE SIGNED <i>3-29-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 52	24c. NAME OF CEMETERY OR CREMATORY Holy Childhood	24d. LOCATION (City, town, or county) (State) Mascoutah Ill.
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DATE REC'D BY LOCAL REG. 3-30-52	REGISTRAR'S SIGNATURE Herbert R. Drake MD	25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly	ADDRESS 7267 Natural Bridge
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.