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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10143
2673

FILED MAR 31 1955

State File No.
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY OR TOWN **ST. LOUIS MO**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4815 MARGARETTA**

e. STREET ADDRESS (If rural, give location) **4815 MARGARETTA**

3. NAME OF DECEASED (Type or Print) a. (First) **MARY ANNA** b. (Middle) _____ c. (Last) **SAYLOR**

4. DATE OF DEATH (Month) (Day) (Year) **MAR. 23 1955**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **WIDOW**

8. DATE OF BIRTH **MAY 10 1856**

9. AGE (in years last birthday) **98**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **WIDOW**

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **JACOB SCHMITTER**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **GEORGE SAYLOR (DEC'D)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **E.H. SAYLOR 4815 MARGARETTA**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerosis heart disease**

INTERVAL BETWEEN ONSET AND DEATH **10 years**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Senility**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **July 9, 1948**, to **Mar. 23, 1955**, that I last saw the deceased alive on **Mar. 15, 1955**, and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Thomas H. Grundman MD**

23b. ADDRESS **3118 N. Grand St. St. Louis**

23c. DATE SIGNED **3/24/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **MAR 25 1955**

24c. NAME OF CEMETERY OR CREMATORY **HIRAM CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **MAR 24 1955**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Rutes 2906 Lewis**

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.....
Signature of Student Embalmer

Signed..... *Samuel C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.