

FILED OCT 4 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **9043**

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 Enroute City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1149 Chouteau Ave.</b>	
Length of stay in lb <b>DOA</b>		2270	
3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle Last <b>Sawyer</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>25</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 29, 1886</b>
9. AGE (in years less birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Perryville, Mo.</b>
13a. FATHER'S NAME <b>Bud Hoffman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reed</b>	14. NAME OF HUSBAND OR WIFE <b>Eber Sawyer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>J.R. Hoffman, 4160 Schiller Pl.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-vascular Heart Disease</b> DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>-</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>422.1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>July 1-1957</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>July 1-57</b> to <b>Sept 15-1957</b> and last saw her alive on <b>Sept 15-1957</b> Death occurred at <b>4 P.</b> m. of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. G. Moore M.D.</b> (Degree or title)		22b. ADDRESS <b>917-50 CP</b>	
22c. DATE SIGNED <b>9-27-1957</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>9-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Yorke Chapel</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 27 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Elinor R. Jodwell* .....

Licensed Embalmer No. *4077* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.