To Be Signed By the Coroner.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 27817

Registered No. 110

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1170

Township: Central — Primary Registration District No. 6248 H

City: ~~St. Louis~~ (No. St Marys Hospital St. Ward)

2. FULL NAME: Mary Andrea Sauguinet

(a) Residence, No. 3408 Cook St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

AUG 16 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15 - 1853

7. AGE: Years 80 — Months 9 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Fred P Sauguinet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Sarah F Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~St Louis~~ Cincinnati O

17. INFORMANT (ADDRESS): Edw Sauguinet, 3408 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: July 16, 1934

19. UNDERTAKER (ADDRESS): Thos J Finan, 1573 S Grand

20. FILED: July 12, 1934 Gertrude Porta, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to July 12, 1934

I last saw her alive on July 12, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Feb. 1933
186 A	
199 B	
939	
Hemiplegia	5
Other contributory causes of importance:	
Fracture, neck left femur	July 11, 1934

Name of operation: Date of

Was there a post mortem confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 11, 1934
Where did injury occur? 3408 Cook, St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury: Fell, walking across room
Nature of injury: Fracture left thigh

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A J Cleveland, M. D.
(Address) 3326 Meramec St.

Fracture Femur, left hip
Coroner's Office
7/11/34