

JAN 3 1935

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

Do not use this space.

791
1003

41119

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis (No. Alexian Bros. Hospital)..... St. Ward)

File No.....
Registered No. 10326

2. FULL NAME Philip P. Sawyer

(a) Residence, No. St. N R Ward. East St. Louis, Ill.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mazie Eelsey		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 - 1867		
7. AGE YEARS 68	MONTHS 8	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Locomotive		11. Total time (years) spent in this occupation 5
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Buffalo, New York
(STATE OR COUNTRY)

13. NAME Joseph Sawyer

14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Chas. Burke
(ADDRESS) East St. Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis DATE Dec. 7 1935

19. UNDERTAKER Chas. Burke
(ADDRESS) East St. Louis, Ill.

20. FILED DEC - 7 1935
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935, to Dec. 6, 1935

I last saw him alive on Dec. 6, 1935. Death is said

to have occurred on the date stated above, at 6:30 P.M.

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

Bronchopneumonia

Date of onset

1075

Other contributory causes of importance:

*arterio-sclerosis
Dysrhythmical tachycardia*

Name of operation..... Date of.....

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *D. Jennings* M. D.

(Address) 4101 Washington Ave. St. Louis, Mo.

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

