MAR 5 - 1937

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City of St. Louis (No. Bethesda Hospital / St. ..... Ward)

File No. 8640

Registered No. 2099

2. FULL NAME Bonnie Jean Sayler

(a) Residence, No. 3165 Ivanhoe Ave. St., 3 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Richard Sayler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 17, 1868

7. AGE: YEARS 68 | MONTHS 11 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

FATHER

13. NAME: Unknown 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): M. D. Sayler, 3165 Ivanhoe Ave.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ to Lawrenceville

PLACE Illinois DATE Feb. 20, 1937

19. UNDERTAKER (ADDRESS): A. N. McLaughlin, 2301 Lafayette Ave.

20. FILED FEB 19 1937 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937, to Feb. 19, 1937

I last saw her alive on Feb. 19th 1937. Death is said to have occurred on the date stated above, at 10:00 A.m.

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

	Date of onset
Cerebral Haemorrhage	2-16-37
Other contributory causes of importance:	
Ch. Interstitial Nephritis	?
Hypertension	?

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

What test confirmed diagnosis? Usual 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) C. V. Wilcox M.D., M. D.

(Address) 3201 Ivanhoe 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.

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