

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.

OCT 14 1937

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

32404

Do not use this space.

8458

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 5399 Lindell Blvd. Registered No. 8458
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas M. Sayman

(a) Residence, No. 5399 Lindell Blvd. St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Sayman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1853
7. AGE YEARS 83 MONTHS 11 DAYS 11 If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner
9. Industry or business in which work was done, as saw mill, bank, etc. Sayman Soap Co.
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) Richmond Ind.

13. NAME A. Sayman

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

15. MAIDEN NAME Sarah Malang

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

17. INFORMANT Luella Sayman
(ADDRESS) 5399 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem 9/9/37

19. FUNERAL DIRECTOR Edith E. Ambuster
(ADDRESS) 4234 Manchester av.

20. FILED SEP 8 1937 J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937 to Sept. 6, 1937
I last saw him alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

Remittent fever

Date of onset 8-30-37

Other contributory causes of importance:

Sanility

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical symptoms 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) John P. Brown, M. D.
(Address) 4518 Washington Blvd.

STATEMENT BY LICENSED EMBALMER

I, Florny Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Florny Eynck, Registered Apprentice No. _____
Licensed Embalmer No. 1284

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.)