

REC'D MAY 10 1938

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

12806
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4119 West Lee Ave** St. **10**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 A Sayers **620**
(a) Residence, No. **4119 West Lee Ave** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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) **Jan 11th 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 **2** **30**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Watchman**
9. Industry or business in which work was done, as 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) **England**

13. NAME **Thomas Sayers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Miss E. Jennings**
4119 West Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **April 13th 38**

19. FUNERAL DIRECTOR (ADDRESS) **Stroot - Carroll**
4600 Natural Bridge

20. FILED **APR 11 1938** **J. B. Bredack** (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 9, 38** to **April 10, 1938**
I last saw him alive on **April 9, 1938**. Death is said to have occurred on the date stated above, at **11a** m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
General arteriosclerosis
Other contributory causes of importance:

Name of operation **non** Date of **no**
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 **Heny C Westerman** M. D.
(Signed) **Henry C Westerman** M. D.
(Address) **2136 East Grand Blvd**

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

STATEMENT BY LICENSED EMBALMER

I, Sheldon Callie Licensed Embalmer No. 3382

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Sheldon Callie

Licensed Embalmer No. 3382

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.)