

DEC 7 1940
Registration District No. 784

Primary Registration District No. (11)

Registrar's No. 2257

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances Savignac

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin Savignac

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 26th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>3</u>	_____hr. _____min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George A. Bernhardt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Savignac

(b) Address 7007 Pernod Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-2-40
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 30 1940 (Date received local registrar)

(b) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7007 Pernod Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1940 hour 4:30 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 7, 1940, to Nov 29, 1940
that I last saw her alive on Nov 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Cholerae
Enteric Sake bleedin
with stom
Secondary
Hemorrhage from acute necros
Chronic Duodenal

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: _____

Of operations _____

Of autopsy Condition found as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(Specify means of injury) _____

23. Signature W. McLean Hall (M. D. or other) _____

Address 1625 Iowa Date signed 12/2/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3024.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.