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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22710

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1193

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 2200 Bredell Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis 96

(c) City or town: Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2200 Bredell Ave 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME: Frank Saey

3. (b) If veteran, name war:

3. (c) Social Security No. 490-03-4464

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Catherine

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Mar 17th 1907 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: Chicago (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Punch Press Operator

11. Industry or business: National Monarch Co

FATHER
12. Name: Bruno Saey
13. Birthplace: (City, town, or county) Belgum (State or foreign country)

MOTHER
14. Maiden name: Mary Vandevere
15. Birthplace: (City, town, or county) Belgum (State or foreign country)

16. (a) Informant: Catherine Saey
(b) Address: 2821 Madison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemt

18. (a) Signature of funeral director: Harrigan & Sheahan Und Co
(b) Address: 4415 Washington Blvd

19. (a) JUN - 6 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th. year 1941 hour 11:20 PM minute M.

21. I hereby certify that I attended the deceased from June 1, 1941, to June 5, 1941; that I last saw him alive on June 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure — Acute	6 days
Due to: Carcinoma of Lung.	6 wks ?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy: None

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): No.
(b) Date of occurrence: No.
(c) Where did injury occur? No. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Thomas E. Jordan (M. D. or other) M. D.
Address: Metropolitan Bldg. Date signed 6/6/41.

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1941

SEP 24 1941

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.