

S. No. 2
4-12-40
v. 5-17-39
X23159

DEPARTMENT OF COMMERCE

Missouri Census
1941
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33024
7976
Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4331 Lindell Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life time. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4331 Lindell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Ella Mc Laran Sawyer

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. widowed
6. (b) Name of husband or wife. Charles Sawyer
6. (c) Age of husband or wife if alive. 14 years
7. Birth date of deceased. Oct. 14, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Charles Mc Laran
13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Anna M. Jennings
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mc Laran Sawyer
(b) Address 6143 Washington Ave.

17. (a) Cremation (b) Date thereof. 10 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mo. Crematory

18. (a) Signature of funeral director. Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) OCT 6 1941 (b) J. J. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 24
1941 to Oct 5 1941
that I last saw h. or alive on Oct 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cancer of the liver
Due to Cancer of gall - ducts, primary
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
While at work?..... (e) Means of injury.....
23. Signature Alfred J. Tainey (M. D. or other) M.D.
Address 4500 Olive St. Louis Date signed 10/6/41

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

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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, ~~K263~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Neville P. Frohwitter*.....

Licensed Embalmer No. 3696.....

P. O. Address 3621 Olive St......

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.