

FILED MAR 20 1943
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2454

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Nora B. Savens

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, Widowed

6. (b) Name of husband or wife John Savens deceased 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased March 15 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace El Paso Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William O'Connell
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Margaret Spellman
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Fleming
(b) Address 4366 Hunt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Knights Super Market
(b) Address 4228 So. High Highway

19. (a) MAR 1 (Date received local registrar) (b) J. J. Bredich (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. 4366 Hunt Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-13-43 day _____
year _____ hour 9 20 minute 2 M.

21. I hereby certify that I attended the deceased from 2-10-43 to 3-13-43 19 _____
that I last saw her alive on 3-13-43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Thrombosis / 1 wk.

Due to Hypertensive Heart Disease / mys.

Due to Obesity

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. A. Burke (M. D. or other) _____
Address Mo. State Hosp. Date signed 3/13/43

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

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 *Elmer A. Mc Dermott*

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.