

S. No. 2
M-2-43
5-17-50
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19987
State File No.
5693
Registrar's No.

JUN 30 1943 318
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME Mary Annie Saad
(b) If veteran, name war No
(c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife George Saad
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 8 (Month) 3 (Day) 1885 (Year)

8. AGE: Years 57 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business At Home

MOTHER FATHER
12. Name Joseph Klodt
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Herzog
15. Birthplace Minnssoto (City, town, or county) (State or foreign country)

16. (a) Informant George A Saad
(b) Address 1522 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 23 / 43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 22301 Lafayette

19. (a) JUN 22 (Date received local jurisdiction) (b) J. F. Budeck (Registrar's signature)

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. 1522 Lafayette (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1943 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from June 12, 1943 to June 21, 1943 that I last saw her alive on June 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Polycythemia vera

Due to
Due to

Other conditions Cirrhosis of the liver
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy Large spleen Cirrhosis of liver
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) Means of injury

23. Signature Ray U. Feiberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 6/21/43

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

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address

2317 Lafayette

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.