S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39208

Registration District No. 317 Primary Registration District No. 4465 Registrar's No. 2607

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson Township
31 Hardith Hill Court, Rock Hill Village
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rock Hill Village
(If outside city or town limits, write "RURAL")

(d) Street No. 31 Hardith Hill Court
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David T. Savignac

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-4043

4. Sex Male

5. Color or race 0 White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased September 19 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Southwestern Bell Telephone Co.

FATHER
12. Name George S. Savignac
13. Birthplace Chicago (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Cecelia Finn
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Edna Savignac
(b) Address 31 Hardith Hill Court.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11--26-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa st.

19. (a) NOV 26 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1943 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Acute purulent meningococcic meningitis.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy Yes

Duration

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)
While at work? (e) Means of injury 3

23. Signature H. S. Breyfogle Deputy Coroner (M. D. or other)
Address Kirkwood, Mo. 11-24-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1944

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. Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.