

FILED JAN 12 1944
318

1003

State File No. _____
Registrar's No. 31

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ma. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary M. Saxy
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 Edward Saxy 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March 9, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace Brooklyn, New York
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____

MOTHER FATHER

12. Name John Mold
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur J. Saxy
(b) Address 5434 Page Ave.
17. (a) Burial (b) Date thereof 1-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director E. L. Pleitub, Inc.
(b) Address 5966-68 Eastman Ave.
19. (a) JAN 2 1944 (b) J. F. Brodeur
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 126
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5895 Latona Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1944 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Dec 28, 1943 to Jan 1, 1944
that I last saw her alive on Jan 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Bronchial pneumonia 3 mo.
Due to Acute myocarditis 1 day
from Chl Myoc
Due to _____
Other conditions Arteriosclerosis 3 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy _____
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. B. Bishney (M. D. or _____)
Address 3258 Lafayette Date signed 1-3-44

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 Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address: St. Louis Mo.

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.