

FILED JAN 12 1945

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 2537

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 24 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves (19) 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 529 Virginia Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lee Sappington

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Kosta Sappington 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 25 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation Tobacco Worker

11. Industry or business _____

MOTHER FATHER
12. Name Perry Sappington
13. Birthplace Sappington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jane Farris
15. Birthplace Fenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Kosta Sappington
(b) Address 529 Virginia Ave Webster Groves

17. (a) Burial (b) Date thereof 12/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director Webster Groves & Kirkwood, Mo
(b) Address _____

19. (a) DEC 14 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1944 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Apr
1944 to Dec 5 1944
that I last saw him alive on Dec 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Concussion of soft palate 8-10
Due to _____ weeks
45 C

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? _____

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

Signature E. J. McLaughlin (M. D. or other) MS
Address 529 Virginia Ave Webster Groves, Mo. Date signed 12/3/44

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

6653

JAN 17 1943

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 John M. Myatt
Licensed Embalmer No. 5288
P. O. Address 340 W. Adams
Richwood, 22 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.