V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35818

Registration District No. 31B Primary Registration District No. 1003 Registrar's No. 9926

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

1. PLACE OF DEATH:
(a) County —
(b) City or town St. Louis, Mo.
(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 45 days (Specify whether years, months or days)
In this community 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 440 W. LOCKWOOD NR 4
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK ELMER SAWYER
3. (b) If veteran, name war SPANISH-AMERICAN
3. (c) Social Security No. 703-03-3000
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADDIE B. SAWYER
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct 12 - 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 2 If less than one day hr. — min.

9. Birthplace GREENLEAF (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation AGENT & AUDITOR
11. Industry or business TERMINAL RAILROAD
MOTHER FATHER
12. Name ORLANDO SAWYER
13. Birthplace UNKNOWN (City, town, or county) MAINE (State or foreign country)
14. Maiden name NANCY ANDRE
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Jefferson Sawyer
(b) Address 666 E. Jefferson Kirkwood Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker and Co.
(b) Address WEBSTER GROVES Mo.
19. (a) NOV 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1945 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from October 2nd 1945 to Nov. 14 1945 that I last saw him alive on Nov. 14 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	?
Due to: Carcinoma of stomach	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinomatosis from carcinoma of stomach	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James R. Blanck (M.D. or other)
Address Mo. Pacific Hosp. Date signed 11-14-45

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1965

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.