

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946
318

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **18855**
Registrar's No. **4347**

Registration District No. _____ Primary Registration District No. _____

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:
1402 a Tower Grove /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

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. 1402 a Tower Grove
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William P. Sappington
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11
year 1946 hour 11: minute 30 A. M.
21. I hereby certify that I attended the deceased from May 4, 1946 to May 11, 1946
that I last saw him alive on May 9, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Coronary Thrombosis

4. Sex M. **5. Color or race** W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Jessie L. Anderson
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased December 12 1865
(Month) (Day) (Year)

Duration
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) Means of injury _____

8. AGE: Years Months Days If less than one day
80 4 29 hr. _____ min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Grocer
11. Industry or business _____
12. Name Jonah P. Z. Sappington
13. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen C. Brown
15. Birthplace St. Mary's Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Irene Sappington
(b) Address 1402 a Tower Grove
17. (a) (burial, cremation, or removal) burial **(b) Date thereof** 5/15-46
(Month) (Day) (Year)
(c) Place: burial or cremation Park Hill Cemetery
18. (a) Signature of funeral director Alexander Sm
(b) Address 6175 Delmar
19. (a) MAY 14 1946 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

23. Signature Halter R. Hewitt (M. D. Registrar)
Address 7649 Delmar **Date signed** May 13/46

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

MOTHER FATHER

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.....

Jos. E. McCulloh

Licensed Embalmer No. *2460*

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.