

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1936
STANDARD CERTIFICATE OF DEATH

State File No. 18857
4878

Registration District No. Primary Registration District No. 1003 Registrar's 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: Peoples Hospital
(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)

3. (a) PRINT FULL NAME Edna Sayles
3. (b) If veteran, name war. No. 3. (c) Social Security No.
4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife Norman Sayles 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 19 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 0 10 hr. min.

9. Birthplace Enid, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Wrethician

11. Industry or business

12. Name Scott Brooks

13. Birthplace Wink, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Wink

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. F. Bredeck

(b) Address 2845 Delmar

17. (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal

(b) Address 37736

19. (a) MAY 31 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 2/19
(If outside city or town limits, write "RURAL")
(d) Street No. 2845 Delmar 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29 year 1946 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from April, 1946 to May, 1946
that I last saw him alive on May 27, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer
Primary site unknown.

Due to Unknown cause

Due to

Other conditions 552
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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)

(e) Means of injury

23. Signature J. F. Bredeck (M. D. or other)

Address 2845 Delmar Date signed 5/3/46

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.....

Licensed Embalmer No. 4341

P. O. Address St Louis 13 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.