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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15610

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4110

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE 10924 RIVERVIEW DR.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — — (Specify whether

In this community 40 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8 B

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 10924 RIVERVIEW DR. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD SAWREN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA SAWREN

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased DEC. (Month) 23 (Day) 1871 (Year)

8. AGE: Years 75 Months 3 ~~Days~~ 96 If less than one day hr. min.

9. Birthplace RUSSIA (City, town, or county) 6 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name UN KNOWN 9
13. Birthplace UN KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UN KNOWN 9
15. Birthplace UN KNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ida Sawren

(b) Address 10924 Riverview Dr.

17. (a) ~~Burial~~ REMOVED (Burial, cremation, or removal) (b) Date thereof April 22-1947 (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT HILL CEM. BELLEVILLE ILL.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) APR 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1947 hour 2 minute 41 A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
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 [signature] (M. D. or other)

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.