

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

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(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:  
6022 Westminster  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6022 Westminster  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Daisy M. Sawtelle  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14, year 1947 hour 9 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Jan 1947 to April 14 1947  
that I last saw her alive on April 13 1947  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Harry G. Sawtelle  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Feb. 2 1872  
(Month) (Day) (Year)

Immediate cause of death Cachexia  
Due to General Carcinomatosis 4. No.  
Due to Carcinoma of Colon

8. AGE: Years 75 Months 2 Days 12  
If less than one day hr. min.

Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: Adeno-Ca of transverse colon Metastases to liver  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Junction City, Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name James R. McClure  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Hester A. Pattison  
15. Birthplace Shelby County, Ind.  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_  
23. Signature Paul King (M. D. or other) \_\_\_\_\_  
Address 721 Olive St Date signed 4-14-47

16. (a) Informant Harry G. Sawtelle  
(b) Address 6022 Westminster  
17. (a) removal (b) Date thereof 4-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Junction City, Kas  
18. (a) Signature of funeral director Alexander Hous  
(b) Address 6175 Delmar  
19. (a) APR 15 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

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 *6175 Delmar*.....

**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.**