

No. 2
12-45
17-39
X47070

FILED JUN 13 1947

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
(Specify whether same) (Yes or No)

In this community same
(years, months or days)

3. (a) PRINT FULL NAME Mary Virginia Sappington

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Erasmus (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 9, 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Georgetown, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Henry Cameron Miller

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

14. Maiden name Annie E. Wing

15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe

(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 5-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 5/31/47 (b) J. F. Brodeur
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 387

(a) State Missouri (b) County _____

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

(d) Street No. 5351 Delmar Blvd.
(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 28 year 1947 hour 9:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Many years to _____ 19____
that I last saw him alive on May 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

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) (e) Means of injury _____

23. Signature John Sappington (M. D. or other) _____
Address 5351 Delmar Blvd. Date signed 5/29/47

Duration 6 months

1 year

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Ernest W. Spillars
Licensed Embalmer No. 4080
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.