

FEB 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1655

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>6857 Southwest Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Franklin</b> b. (Middle) <b>Delnor</b> c. (Last) <b>Sawyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 3, 1938</b>	9. AGE (In years last birthday) <b>10</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>17</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Piedmont, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Everett C. Sawyer</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Simpson</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Sawyer</b> ADDRESS <b>6857 Southwest Ave.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>956</b> <b>4013</b>					INTERVAL BETWEEN ONSET AND DEATH: _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>1/27/49</b> , 19____, to <b>2/20/49</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:30</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Gracie E. Hughes, widow</b>				23b. ADDRESS <b>St. Louis City Hospital</b>		23c. DATE SIGNED <b>2/21/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-23-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Piedmont, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Piedmont, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>FEB 21 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Laxator</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b> ADDRESS <b>7456 Manchester Rd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*H. P. Burgess*

Licensed Embalmer No. \_\_\_\_\_

*4029*

P. O. Address \_\_\_\_\_

*Maplewood*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.