

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **106** Registrar's No. **5934**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**  
c. LENGTH OF STAY (in this place) **3 weeks**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. MARY'S INFIRMARY**

2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).  
a. STATE **Illinois**  
b. COUNTY **St. Clair**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **E. ST. LOUIS**  
d. STREET ADDRESS (If rural, give location) **128 North 2nd Street**

3. NAME OF DECEASED  
a. (First) **Delores**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Sawyer**

4. DATE OF DEATH (Month) (Day) (Year)  
**July - 2 - 1951**

5. SEX **Female**  
6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **November 22, 1919**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. **1 7 9**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **Infant**

11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James Hall**

13b. MOTHER'S MAIDEN NAME **Rosie Lee Sawyer**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO NO**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Rosie Lee Sawyer - last living, 4128 N. 2nd**

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) **Meningococcal abscess of the cerebrum**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **meningococcal meningitis**  
DUE TO (c) **meningococcal septicemia**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **none**

INTERVAL BETWEEN ONSET AND DEATH  
**?  
?**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **none**

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **0570**

22. I hereby certify that ~~the deceased~~ **the deceased** ~~from~~ **from** ~~that I last saw the deceased~~ **that I last saw the deceased** alive on **July 1, 1951**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Neal F. Stanton M.D.**

23b. ADDRESS **1402 South Grand**

23c. DATE SIGNED **7/2/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **7-4-51**

24c. NAME OF CEMETERY OR CREMATORY **Booker Washington**

24d. LOCATION (City, town, or county) (State) **E. St. Louis, Illinois**

DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE **JUL 3 1951**

REGISTRAR'S SIGNATURE **J. B. Parata**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. N. Nash 3847 Pope**

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

2002-7-2

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*C. J. Nash*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address

*C. J. Nash*

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.