

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39672

State File No.

Registrar's No. **10552**

No. 300
10.48

FILED DEC 8-1951

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10552	
1. PLACE OF DEATH a. COUNTRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS,		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL				d. STREET ADDRESS (If rural, give location) 4611 a NATURAL BRIDGE AVE			
3. NAME OF DECEASED (Type or Print)		a. (First) FRED		b. (Middle) MILTON		c. (Last) SAYERS SR.	
4. DATE OF DEATH (Month) (Day) (Year) NOV, 25, 1951		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 5/12/1894		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY CLEANER		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM SAYERS		13b. MOTHER'S MAIDEN NAME ADELE MCBRIDE		14. NAME OF HUSBAND OR WIFE BERNADINE SAYERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERNADINE SAYERS 4611a NAT'L BRIDGE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Femoral Pneumonia					
ANTECEDENT CAUSES		DUE TO (b) Generalized carcinomatosis of					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Bones, lungs, liver, thyroid					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death Spontaneous fracture left femur due to Ca. of st. pelvis					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SHOOTING HOMICIDE 8-4-51		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo. 1918 F			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/4/51 1:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Setting out of his automobile			
22. I hereby certify that I attended the deceased from 8-4-51 , to 11-25-51 , that I last saw the deceased alive on 11-24-51 , and that death occurred at 4:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed L. Linschke M.D.				23b. ADDRESS 4885 Natural Bridge		23c. DATE SIGNED 11-26-51	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 11/28/51		24c. NAME OF CEMETERY OR CREMATORY BELFONTAINE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. NOV 27 1951		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NAT'L BRIDGE			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

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.