

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44808**

XC-543 521
Reg. # **111 316**
BIRTH NO. **FILED DEC 29 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3219**

Year

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 188 days		e. STREET ADDRESS (If rural, give location) 5938 PLYMOUTH	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		2059	
3. NAME OF DECEASED (Type or Print) a. (First) Chester		b. (Middle) Andrew	c. (Last) SAWYER
4. DATE OF DEATH (Month) (Day) (Year) 12-16-53			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-13-1891
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY LAMP COMPANY	11. BIRTHPLACE (City and State or Foreign Country) DETROIT, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PHILLIP SAWYER		13b. MOTHER'S MAIDEN NAME MARIE EISEY	
14. NAME OF HUSBAND OR WIFE CATHERINE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 497-10-7569	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS. MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma papillary, urinary bladder 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.			INTERVAL BETWEEN ONSET AND DEATH over 1 yr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X		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) m.	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 6-11-53 , to 12-16-53 , and that death occurred at 11:19 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. A. ALLEN, M.D.		23b. ADDRESS VA HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 12-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. 12/17/53		REGISTRAR'S SIGNATURE Herbert R. Adams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.

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.....
Signature of Student Embalmer

Signed..... *Alfred J. Boedeker*

Licensed Embalmer No. *266*

P. O. Address *1125 / Hottel*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.