

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3055**

318

1003

Registrar's No. **0630**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 1/2 yrs		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"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home				STREET ADDRESS (If rural, give location) 19 4385 Maryland Ave. 21990				
3. NAME OF DECEASED (Type or Print) a. (First) Harriet b. (Middle) Price c. (Last) Sawyer			4. DATE OF DEATH Jan. 22, 1955		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH June 1, 1867		9. AGE (In years last birthday) 87 yrs		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Lib.		11. BIRTHPLACE (City and State or Foreign Country) Bryan, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Emmet W. Price			13b. MOTHER'S MAIDEN NAME Harriet Hine		14. NAME OF HUSBAND OR WIFE Albert A. Sawyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Drury 5804 Cates Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Generalis INTERVAL BETWEEN ONSET AND DEATH year? ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans left						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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? 4500						
22. I hereby certify that I attended the deceased from 10-3 1949 , to 1-22-1955 , that I last saw the deceased alive on 1-21-1955 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Albert Kaplan MD (Degree or title)				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 1-22-55		
24a. BURIAL, CREMATION REMOVAL (Specify) Cremation		24b. DATE Jan. 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. JAN 24 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. P. ... 6115 ...				

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

Mrs Ballagh
2107 Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{was NOT} embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. E. McCulloch*.....

Licensed Embalmer No. 276

P. O. Address 6175 Dell

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.