

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26532

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **6760**

|  |                                  |   |  |   |   |  |  |
|--|----------------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6143 Washington</b>   |                                  |   | Length of stay in lb   |   | STREET ADDRESS <b>6143 Washington</b> (If outside, give location)     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lee</b> Middle <b>McLaran</b> Last <b>Sawyer</b>   |                                  |   |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>18</b> Year <b>1957</b>  |   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Nov. 22, 1890</b>  |   | 9. AGE (In years last birthday)<br><b>66</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Engineer</b>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mechanical</b>                                       | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |
| 13. FATHER'S NAME<br><b>Charles H. Sawyer</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Ella McLaran</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes WW I</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>493-09-4443</b>   |  | 17. INFORMANT<br>Address<br><b>Harrie Alcock Sawyer, 6143 Washington</b>  |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>myocardial infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary occlusion</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>420.1</b> |                                  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 sec.</b><br><b>10 sec.</b>       |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |                                  |   |  |   |   |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE   |  |
| 21. I attended the deceased from <b>Feb 1946</b> to <b>July 18, 57</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>July 17</b><br>Death occurred at <b>1:00</b> <b>A</b> m on the day stated above; and to the best of my knowledge, from the causes stated   |                                  |   |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Darrett L. Tansig M.D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>4500 Olive</b>   |   | 22c. DATE SIGNED<br><b>7/18/57</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>7-19-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cemetery</b>                          |   | 23d. LOCATION (City, town or county) (State)<br><b>St. Louis, Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Wagoner Mortuary, 4911 Washington Blvd.</b>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 19 57</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>J. C. Smith M.D.</b>                                 |  |

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 *Melvin J. Kemper*

Licensed Embalmer No. *405*

P. O. Address *3505 Oak St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.