URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009207

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 427

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Length of stay in 1b D.O.A
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST LOUIS CO HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN [illegible] — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 6825 St. Charles Rock Road — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ALBERT Middle LEWIS Last SAYERS

4. DATE OF DEATH Month 2 Day 8 Year 60

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-23-1909

9. AGE (last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAB DRIVER

10b. KIND OF BUSINESS OR INDUSTRY YELLOW CAB CO

11. BIRTHPLACE (City and state or country) BURBON MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME CHARLES SAYERS

13b. MOTHER'S MAIDEN NAME LUCY MARQUARDT

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. 488-10-3360

17. INFORMANT HUGH JENNINGS Address 3500 JOEL CT ST LOUIS MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Asphyxia due to carbon monoxide poisoning with shock being a secondary cause of death and attributable to burning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found burned seated in chair -- apparently as result of fire caused while smoking

20c. TIME OF INJURY Hour a.m. 8:25 Month, Day, Year 2/8/60 subject found

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) trailer

20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond J. Harris Coroner

22b. ADDRESS Clayton, Mo.

22c. DATE SIGNED 2/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 2-10-60

23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) ST CHARLES (State) MO

24. FUNERAL DIRECTOR Earl Holleman ADDRESS 9709 LACKLAND

25. DATE RECD. BY LOCAL REG. 2-9-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

MAY 23 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3601

P. O. Address Orlando 4 Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.