

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7986

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City St. Louis (No. Jewish Hospital)  
 Registered No. 1601 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 5801 1/2 Page St. 6 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 | 2 | 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at school  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Julius Sager

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jena Siebers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

14. INFORMANT J. Sager  
 (Address) 5801 1/2 Page

15. FILED 2 1929 May 12 C. Parker REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/31/29 to 1/31/29  
 that I last saw him alive on 2/1/29, and that death occurred, on the date stated above, at 1:35 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Streptococcus meningitidis  
89B  
89B  
79A (duration) yrs. mos. ds. 2 ds. ?

CONTRIBUTORY (SECONDARY) otitis media - mastoiditis? (duration) yrs. mos. ds. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? spinal puncture  
 (Signed) C. E. Roberts M. D.  
4/1, 1929 (Address) Jewish Hosp

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olive Heb DATE OF BURIAL 2/4 1929

20. UNDERTAKER H. B. Beiger ADDRESS 4715 McPherson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2  
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