

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

Do not use this space.

11499

APR 25 1934

PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. _____

Township Central

Primary Registration District No. 62484

Registered No. 56

Richmond Heights St. Mary's Hosp.

St. _____ Ward _____

FULL NAME

Charles J. Savage

(a) Residence, No. 6154 Suburban Ave. 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 (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna Savage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 1864

7. AGE YEARS 69 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME John Savage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Alma Savage 6154 Suburban Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar. 31, 1934

19. UNDERTAKER (ADDRESS) Jos. W. O'Leary 1125 Hodgson St. St. Louis

20. FILED 3/29 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1934, to 3/28 1934

I last saw him alive on 3/28 1934. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy
822-1
Hypostatic Pneumonia

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Jesse J. Kelly M. D.
(Address) 6125 Barton Ave St. Louis

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.

