

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Christian Hospital**)

File No. **14281**
3316
Registered No.
St. Ward)

2. FULL NAME

Carrie Saeger
(a) Residence, No. **4111 No. Taylor Ave** St., **10** Ward. (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charles Saeger</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 22 1858</i>				
7. AGE	YEARS <i>75</i>	MONTHS <i>—</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>			
	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) <i>St. Louis Mo</i>				
MOTHER	13. NAME = <i>Schlueter</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Not Known</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
17. INFORMANT <i>E. Wagner</i> (ADDRESS) <i>4111 No. Taylor Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Memorial Park</i> DATE <i>April 4 1934</i>				
19. UNDERTAKER <i>Thos. H. Paschebae</i> (ADDRESS) <i>2825 No. Grand St</i>				
20. FILED <i>1934 APR - 2 1231</i> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 10 1933*, to *Apr 10 1934*

I last saw him alive on *Apr 11 1934* Death is said to have occurred on the date stated above, at *11:40 p.m.*

The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis
Coronary Artery
Atherosclerosis
MI

Date of onset *at 33*

Other contributory causes of importance:
General Anemia

Name of operation *Lorazentis* Date of *5/17/34*

What test confirmed diagnosis? Was there an autopsy? *1*

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? (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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *General Anemia* (Signed) _____, M. D.
(Address) *2743 No. Grand*

