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.

JUN 6 1936

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

Do not use this space.

21473

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5714

City St Louis (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Evan Taylor Sage

(a) Residence, No. 247 Lochrop St., N R Ward. Pittsburg - Pa
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miriam Sage.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1881

7. AGE YEARS 55 MONTHS — DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Sutton Nebraska

FATHER

13. NAME Eugene S Sage

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

MOTHER

15. MAIDEN NAME Lillie Evans

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

17. INFORMANT (ADDRESS) Robert L. P. Sage Chicago, Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE June 1st 1936

19. UNDERTAKER (ADDRESS) Wagoner Wed Co 3621 Olive St.

20. FILED MAY 31 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1936, to 5-30, 1936

I last saw him alive on 5-30, 1936 Death is said to have occurred on the date stated above, at 11:54a m.

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

Carcinoma of Lung, Left. Date of onset

Other contributory causes of importance:

Name of operation Pneumonectomy Lt Date of 5-28-36

What test confirmed diagnosis? Operation & P.M. Was there an autopsy? yes.

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 .....

(Signed) James E Pittman M. D.

(Address) BARNES HOSPITAL