WHITE 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.

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

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 3781

Township ..... Primary Registration District No. 1003 Registered No. 817

City St. Louis (No. 3906 Wyoming St 2 St. ..... Ward)

2. FULL NAME John W. Savage

(a) Residence, No. 3906 Wyoming St St., 16 Ward. 1
(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: Anna L Savage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 11 1858

7. AGE: YEARS 78 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 262

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

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

FATHER

13. NAME: John Savage

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

MOTHER

15. MAIDEN NAME: Bridget Lynch

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

17. INFORMANT (ADDRESS): Anna L Savage, 3906 Wyoming St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Janaury 21 1937

19. UNDERTAKER (ADDRESS): Peetz Brothers, 3029 Lafayette Ave

20. FILED JAN 19 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Jan 18th, 1937

I last saw him alive on June 14, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

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

	Date of onset
Bronchitis Chronic	?
6	
1065	

Other contributory causes of importance:

Arteriosclerosis	?
Gen Debility	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? X

If so, specify .....

(Signed) B. Franklin, M. D.

(Address) 1514 So Jefferson Av

Dr Shanklin
Jefferson Park
1514 O Jefferson

Gr-4757