

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.

32664

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 1432 Farragut)

File No.
Registered No. 8718
St. Ward)

2. FULL NAME Molly Sager

(a) Residence, No. 1432 Farragut St. St., 9 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Widow of Wm. Sager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
66 2 12

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

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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Unknown Hennecke

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm. Sager (ADDRESS) 2439 Hord Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. John Cem. DATE Sept. 18, 1937

19. UNDERTAKER Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILE SEP 17 1937 J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937 to Sept 16, 1937.

I last saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Endocarditis chronic Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? (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) Olav Mellies, M. D.

(Address) 3825 N 20th

