

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

32665

Do not use this space.

8719

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City. St. Louis (d) Street No. 1432 Farragut St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William H. Sager

(a) Residence, No. 1432 Farragut St. St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Molly Sager
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
63 8 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker
9. Industry or business in which work was done, as saw mill, bank, etc. Planing Mill
10. Date deceased last worked at this occupation (month and year) July 1937 11. Total time (years) spent in this occupation 45 yrs

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

13. NAME William Sager

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William Sager
(ADDRESS) 2439 Hord Ave. Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John Cem. DATE Sept. 18th 1937

19. FUNERAL DIRECTOR Guedmeyer & Sons
(ADDRESS) 39134 N. 20th

20. FILED 17 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1936 1936 to Sept. 15 1937

I last saw him alive on Sept. 15 1937. Death is said to have occurred on the date stated above, at 6:20 P. m.

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

Cancer of the stomach

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) Clas Mellis M. D.

(Address) 3825 N. 20th

STATEMENT BY LICENSED EMBALMER

I, Geo. G. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo. G. Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)