

REC'D MAY 16 1938

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

Do not use this space.

15733

## 1. PLACE OF DEATH

County St Francois  
 Township Randolph  
 City Leadwood (No. ....)

Registration District No. 33  
 Primary Registration District No. 6024B

File No. ....  
 Registered No. 10 St. .... Ward

## 2. FULL NAME

Annie Elner Saeger

(a) Residence, No. Leadwood, Mo. St. .... Ward. ....  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Saeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
 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) Missouri

FATHER 13. NAME Elbert Ogle Jefferson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

MOTHER 15. MAIDEN NAME Nancy Whitehead  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

17. INFORMANT Eugene Mooney  
 (ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo DATE 4/21/1938

19. UNDERTAKER Gentry L. Politte  
 (ADDRESS) Crystal City, Mo.

20. FILED 5-10-1938 W. E. DeBreehan Registrar  
Chas. B. K.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY That I attended deceased from March 13, 1938 to April 19, 1938, 19.....

I last saw her alive on April 19, 1938, 19..... Death is said

to have occurred on the date stated above, at 9 A. m.

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

Cancer of stomach Date of onset 1934

Other contributory causes of importance:  
Cardiac insufficiency

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? NO

If so, specify.....

(Signed) Arthur J. ..., M. D.

(Address) Leadwood, Missouri

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.

