No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1999

Registration District No. 104 | Primary Registration District No. 3008 | Registrar's No. 7

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs & 6 mo (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 14
(c) City or town Creve Coeur 1
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John William Saeger

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DK

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased ? (Month) ? (Day) 1869 (Year)

8. AGE: Years about 72 yrs | Months | Days | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Hauling

11. Industry or business drayman

FATHER
12. Name Wm Saeger
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Heavy
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Arthur Saeger
(b) Address 22 08 Bailey, St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest

18. (a) Signature of funeral director Glen G. Maupin
(b) Address 700 Court Fulton, Mo.

19. (a) Jan 11, 1941 (Date received local registrar) (b) R. N. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 11, 1938, to Jan 10, 1941; that I last saw him alive on Jan 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Generalized arteriosclerosis ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John J. Glasko M.D. (M. D. or other)
Address Fulton, Mo Date signed 1/14/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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.)

If this body is not embalmed, fact should be so stated above.