

FILED MAR 17 1942 791

State File No.

1721

Registration District No. Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution: 8520 Concord Pl.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. None
(If not in hospital or institution, write street number of location)

In this community Birth
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8520 Concord Pl.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Louis A. Saeger

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23,
year 1942 hour 10:30 AM minute .. M.

4. Sex Male (5. Color or race White)

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

6. (b) Name of husband or wife Julia N. Saeger nee Oetter

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 17, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15, 1941 to Feb. 23, 1942,
that I last saw him alive on Feb. 20, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>6</u>	hr. min.

Immediate cause of death Heart failure
Duration 2/23/42

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

Due to Coronary thrombosis 2/23/42

10. Usual occupation Retired

Due to Hypertension Apoplexy 2 yrs. 10 Month

11. Industry or business Lumber business

Other conditions (Include pregnancy within 3 months of death)

12. Name Charles Saeger

Major findings: 94a

13. Birthplace Germany
(City, town, or county) (State or foreign country)

Of operations

14. Maiden name UNKNOWN

Of autopsy 94b

15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN

16. (a) Informant Mrs Julia N. Saeger

Underline the cause to which death should be charged statistically.

(b) Address 8520 Concord Pl.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify).....

(c) Place: burial or cremation Friedens Cemetery

(b) Date of occurrence.....

18. (a) Signature of funeral director Math Hermann & Son

(c) Where did injury occur? (City or town) (County) (State)

(b) Address 2161 East Fair Ave

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) MAR 25 1942 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 0

(Date received local registrar) (Registrar's signature)

23. Signature Curtis A. Meyer (M. D. or other) Med.

Address 647 Century Bldg Date signed 2/24/42

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyrus Pl.*

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.