

S. No. 2  
 M-5-42  
 v. 5-17-39  
 X32873

28244

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 8 1942

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1760

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 60 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6203 Etzel Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME Mary Sage

3. (b) If veteran, name war..... 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Harlow Sage 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased April 23 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 27 If less than one day..... hr. .... min.

9. Birthplace Austria-Hungary  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Joseph Scheybl  
 13. Birthplace Austria-Hungary  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Druda  
 15. Birthplace Austria-Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Hoffman

(b) Address 6203 Etzel Ave.

17. (a) Burial (b) Date thereof August 22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) AUG 21 1942 (b) C. S. McClarron  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
 year 1942 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from Aug 9  
 19..... to Aug 12 1942.  
 that I last saw her alive on Aug 12 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of arteries  
 Due to Senility

Due to.....

Other conditions 97  
(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).....

(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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature J. D. Thurman (M. D. or other).....

Address 6753 Page Date signed 8.20.42

**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 *Welford H Burnley*  
Licensed Embalmer No. *4302*  
P. O. Address *St. Louis Mo.*

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

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