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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31508**

**FILED** OCT 6 1945

Registration District No. **317** Primary Registration District No. **3069** Registrar's No. **2381**

1. PLACE OF DEATH:

(a) County St. Mary's Hosp. - St. Louis  
 (b) City or town RICHMOND HEIGHTS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
 (c) City or town Prentiss 9  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2610 Cecilia Ave. 1  
 (If rural, give location):  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAGE, MARIE  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May 1945  
 \_\_\_\_\_, 19\_\_\_\_, to 9/25/45, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced M /  
 6. (b) Name of husband or wife J. ROBERT SAGE 6. (c) Age of husband or wife if  
 alive 43 years  
 7. Birth date of deceased. Jan. 10 1902  
 (Month) (Day) (Year)

Immediate cause of death abdominal carcinomatosis Duration 6 Mo  
 Due to Cause of ovary 490 6 Mo  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
43 8 15 hr. \_\_\_\_\_ min.

9. Birthplace Kittanning Pa. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm. Peacock  
 13. Birthplace Kittanning Pa. 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Miss O. Forester

15. Birthplace Manorville Pa. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. H. Whitney

(b) Address 6110 Blue Hills Rd. K.C. Mo

17. (a) Burial (b) Date thereof Sept 28-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Carmel Cem

18. (a) Signature of funeral director M. J. Crogan

(b) Address 7186 Manchester

19. (a) 10-1-45 (b) E. M. Garrant  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
 "Of operations" as above  
 Of autopsy \_\_\_\_\_  
 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?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. J. Adams (M. D. or other) M  
 Address 6340 N. Grand Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

3 216

7218 Nashville

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

*Elmo R. Padgett*

Licensed Embalmer No. 4077

P. O. Address.....

**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.