S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34696

Registration District No. 317 Primary Registration District No. 3065 Registrar's No. 2539

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Glendale (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 821 E. Essex Ave (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 95

(c) City or town Glendale (If outside city or town limits, write "RURAL")

(d) Street No. 821 E. Essex Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph William Sager

3. (b) If veteran, name war ********

3. (c) Social Security No. 702-14-4631

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Sager

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 2 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	1	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business

FATHER
12. Name Joseph Sager
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Hanley
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Sager

(b) Address 821 E. Essex Ave Glendale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Ziegenheim Bros

(b) Address 6409 Gravois Ave

19. (a) 11-6-45 (Date received local registrar) (b) E. D. McGarrahan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd. day November year 1945 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1945, to Nov. 3, 1945; that I last saw him alive on Nov. 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion	1 hour
Due to Coronary Atherosclerosis	3 years
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	3 years

Coronary Thrombosis & Myocardial

Major findings: Of operations Infarct 12 days

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Francis G. Weinel (M. D. or other)

Address 5205 a Chippewa Date signed Nov. 5 1945

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1944

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 Homer U. Fritz

Licensed Embalmer No. 3882

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.