

FILED JUL 26 1946

STANDARD CERTIFICATE OF DEATH

State File No. 25453

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6416

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Peter'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 Mo (b) County oav
(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 4344 Lafayette 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anthony Sarge
3. (b) If veteran, name war no 3. (c) Social Security No. 496-28-2530

4. Sex male 5. Color of face white 6. (a) Single, widowed, married, divorced married
Name of husband or wife Mary Sarge 6. (c) Age of husband or wife if alive Sept 6 1887 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation merchant

11. Industry or business _____

12. Name Carlo Sarge 5

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

14. Maiden name Caroline Bolognesi

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

16. (a) Informant Mrs Mary Sarge

(b) Address 4344 Lafayette St

17. (a) burial (Burial, cremation, or removal) (b) Date hereof July 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's East

18. (a) Signature of funeral director Paul Cakabara

(b) Address 5142 Daggertt ave

19. (a) JUL 22 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th hour 11 minute 25 M. 30

21. I hereby certify that I attended the deceased from May 20th 1946 to July 19th 1946
that I last saw him alive on July 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver Duration about 1 year

Due to _____
Due to 12-4

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Cirrhosis (alcohol) liver

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 Arnold S. Klein (M. D. or other) MD
Address 2632 S. Kuyperway Date signed July 20 1946

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

MOTHER FATHER

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 *Paul C. Calcutera*

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.