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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 14 1947**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4058**  
Registrar's No. **307**

Registration District No. **42** Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Joseph's Hospital** *U*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Mo. 5 days**  
(Specify whether years, months or days)  
 In this community **20 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan** *11*  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **401 So. 11th**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Stella Hier Saeger**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **4**  
 year **1947** hour **5** minute **30** **A.M.**  
**21. I hereby certify that I attended the deceased from** *Jan 29*  
*1947* to *March 4* 19*47*  
 that I last saw her alive on *March 3* 19*47*  
 and that death occurred on the date and hour stated above.

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced, widowed**  
**6. (b) Name of husband or wife** **David E. Saeger**  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **October 16 1970**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Cerebral Hemorrhages**  
 Due to **Atherosclerosis, general**  
 Due to **arteriosclerotic Heart & Hypertension**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>76</b>	<b>4</b>	<b>18</b>	_____ hr. _____ min.

**9. Birthplace** **Doniphan Co. Kansas**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **At home**  
**11. Industry or business** **At home**

**MOTHER FATHER**  
**12. Name** **John Davidson Hier**  
**13. Birthplace** **Lakewood New Jersey**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha Ann Albin**  
**15. Birthplace** **Unknown, Ohio**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
*630*

**16. (a) Informant** **Mrs. George C. Hax**  
**(b) Address** **St. Joseph, Mo.**  
**17. (a) Burial** **(b) Date thereof** **3/6/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Mt. Mora Cemetery**  
**18. (a) Signature of funeral director** **Newton Bowman**  
**(b) Address** **St. Joseph, Mo.**  
**19. (a) 3-10-47** **(b) G. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

**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** **Lucas S. Wendt** **(b) or other** \_\_\_\_\_  
**Address** **825 Charles Street** **Date signed** **3/4/47**

AUG 2 1947

BIRCHMAN MI.

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..... Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 3195 10th St Joseph, Mo......

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.