

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19322
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 5645

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution:
Res: 5782a McPherson Ave.,
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

3. (a) PRINT FULL NAME JESSE BLANCK SAGER.
(b) If veteran, name war No.
(c) Social Security No. 497-09-1554
(d) Sex Male, Color or race White
(e) Single, widowed, married, divorced Married
(f) Name of husband or wife Elsie B. Sager.
(g) Age of husband or wife if alive 66 years
(h) Birth date of deceased October 10, 1880.
(i) AGE: Years 66, Months 7, Days 26
(j) Birthplace Lebanon, Illinois.
(k) Usual occupation Auditing & Accounting Div.,
(l) Industry or business City Water Dep't, St. L. Mo.,
(m) Name Charles H. Sager.
(n) Birthplace Ohio.
(o) Maiden name Amelia Starkel.
(p) Birthplace Prague, Austria.
(q) Informant Mrs Elsie B. Sager.
(r) Address 5782a McPherson Ave.,
(s) Removal Motor. Date thereof 6-10-47
(t) Place: burial or cremation Lebanon, Illinois.
(u) Signature of funeral director C. R. Lupton & Sons.
(v) Address #7233 Delmar Blvd.
(w) Date received local registrar JUN 9 1947
(x) Registrar's signature J. T. Bieleck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis,
(c) City or town St. Louis,
(d) Street No. 5782a McPherson Ave.,
(e) Citizen of foreign country? No.
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept. 1947 to June 6, 1947.
that I last saw him alive on June 6, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Chr. Myocarditis
Due to _____
Due to _____
Other conditions (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 Edward J. Helbing (M. D. or other) MD
Address 3903 Olive Date signed 6-6-47

Dr. Edw. J. Helbing (Licensed Embalmer's Statement on Reverse Side) St. Louis 8 Mo.

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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. :