S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1947

THE STATE [illegible]RD OF HEALTH OF MISSOURI
STANDA[illegible]TIFICATE OF DEATH

State File No. 33250

Registration District No. 317 Primary Reg[illegible]ation District No. 3062 Registrar's No. 1625

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8754 Rosa Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John C. Sage
3. (b) If veteran, name war No
3. (c) Social Security No. 488-12-7941
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie Sage
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug (Month) 7 (Day) 1873 (Year)

8. AGE: Years 73 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Jonesburg (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Peter Sage 1
13. Birthplace Harper Ferry Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Camp
15. Birthplace Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Rosalie Sage
(b) Address 8754 Rosa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 1 (Day) 1947 (Year)
(c) Place: burial or cremation Father Dr. Lou Cemetery
18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Avenue
19. (a) 7-31-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28th year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Bending~~	
Chronic Myocarditis	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

B16

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 0
23. Signature Cecil A. Sharp (M. D. ~~or other~~)
Address Commissioner of Health Date signed 7-29-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1956

OCT 3

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 Jatie G. Pettus

Licensed Embalmer No. 4184

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.