No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10618

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2568

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3820 N. 23rd St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Sagadin

3. (b) If veteran, name war no

3. (c) Social Security No. 492-05-1630

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bessie Sagadin

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Marxh (Month) 15 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
50	11	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Columbia Motor Service Co

FATHER
12. Name Anton Sagadin
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Brautcha
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Bessie Sagadin
(b) Address 3820 N. 23rd St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar- 17- 48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. Frow L & U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) MAR 1 3 1948 (Date received by Registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 21, 1947 to 3/14, 1948; that I last saw him alive on 3/13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	6 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93E

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 A. Goldman (M. D. or other) Md
Address 634 N. Grand Date signed 3/15/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.