

FILED JAN 19 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2952

42

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2059</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5917 Enright Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Strong</u> c. (Last) <u>Sage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 6 1872</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Buffalo N. Y.</u>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>John B. Sage</u>		13b. MOTHER'S MAIDEN NAME <u>Vergie Strong</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Sage</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-30-6630</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Sage</u> ADDRESS <u>5915 Enright Ave.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction Massive Anterior</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart block</u> DUE TO (c) <u>Hypertensive Cardiovascular</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>17 hours</u> <u>?</u> <u>History 3 yrs</u> <u>42.01</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No.</u>					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>1-1-51</u> , 19 <u>51</u> , to <u>1-1-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-1-51</u> , 19 <u>51</u> , and that death occurred at <u>6:30p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. H. O'Leary, M.D.</u>				23b. ADDRESS <u>864 Hamilton Blvd. St. Louis 12, Mo.</u>		23c. DATE SIGNED <u>1-3-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Ralston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u> ADDRESS <u>1905 Union Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Coroner, City St. Louis, notified by phone 1-2-51 when hospital failed to before release body. With definite diagnosis established by electrocardiogram, permission granted to certify.

Y. F. ...

(1 to 4)

Dr. J. F. Clark;
864 Hamilton Ave.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Albert R. Thompson*

Signed
Student Embalmer

Licensed Embalmer No. *4257*

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.