V.S. No. 300
Rev. 10-48

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 16 1951

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

7009

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 328

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glendale
c. LENGTH OF STAY (in this place): 65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 821 E. Essex Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glendale 4651 0
d. STREET ADDRESS (If rural, give location): 821 E. Essex Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): HENRY
b. (Middle): E. SAGER
c. (Last): SAGER

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 2, 1951

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH**: Dec. 9, 1874

**9. AGE** (In years last birthday): 76
If under 1 year: Months 1 Days 23
If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired

**10b. KIND OF BUSINESS OR INDUSTRY**: Farmer

**11. BIRTHPLACE** (State or foreign country): Claremont, Ill.

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Joseph Sager

**13b. MOTHER'S MAIDEN NAME**: Sarah Hanley

**14. NAME OF HUSBAND OR WIFE**: Ella A. Sager

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME**: Ella A. Sager
**ADDRESS**: Kirkwood, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation — Interval between onset and death: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — 2 yrs
DUE TO (c) Hypertension — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Uremia — 3 days

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 443 X
**20. AUTOPSY?** YES ☐ 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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 2-5, 1949, *to* 2/2, 1951, *that I last saw the deceased alive on* 2/2, 1951, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R. A. Heslie MD
**23b. ADDRESS**: Kirkwood 22, Mo.
**23c. DATE SIGNED**: 2/3/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2/5/51
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peters Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: 2/5/51
**REGISTRAR'S SIGNATURE**: Hubert R. Domke MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Louis H. Bopp, Inc.
**ADDRESS**: Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.