

STANDARD CERTIFICATE OF DEATH

State File No. ....

Reg. 102,467

FILED JUN 7 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1449

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 1 Day	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. CITY (If outside corporate limits, write RURAL and give township) RIVERVIEW GARDENS 4013	
		d. STREET ADDRESS (If rural, give location) 574 LEETON	
3. NAME OF DECEASED (Type or Print) MICHAEL		a. (First)	b. (Middle) SAGAT
		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 6/1/52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2/29/16
9. AGE (In years (less birthday) Months Days) 36 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
		10b. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE SAGAT		13b. MOTHER'S MAIDEN NAME KATHARINE BRINZA	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD II		16. SOCIAL SECURITY 493-07-2918	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS
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) CEREBRAL HEMORRHAGE  ANTECEDENT CAUSES HYPERTENSIVE VASCULAR DISEASE DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) V.A.		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 5/31, 1952, to 6/1, 1952, and that death occurred at 9:00 Pm., from the causes and on the date stated above.			
23a. SIGNATURE N. H. Zeller		23b. ADDRESS M.D. V.A. HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 6/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/4/52	
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE Herbert R. Dombrow	
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home		ADDRESS 8319 Hallsferry	

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

70-8

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 Eleana Province

Licensed Embalmer No. 3403

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.