

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6589

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 754

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			Length of stay in lb <u>3 yrs.</u>	d. STREET ADDRESS <u>709 Limit</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>S.</u> Last <u>SAGAN</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Ab. 1890</u>	9. AGE (In years last birthday) <u>Ab. 66</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Lithuania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Unknown Weiner</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>None</u>	17. INFORMANT <u>George L. Sagan 8423 Louwen</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> DUE TO (b) _____ DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes mellitus. Gangrene of right foot</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Feb. 1954</u> to <u>January 23, 57</u> and last saw her <u>alive</u> on <u>Jan. 22, 57</u> Death occurred at <u>8:15 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Fray W. Fenberg, M.D.</u>			22b. ADDRESS <u>462 No. Taylor</u>		22c. DATE SIGNED <u>1/23/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/24/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Beth Ham Hag</u>		23d. LOCATION (City, town, or county) <u>Ladue, Missouri</u>			(State)
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>			25. DATE RECD. BY LOCAL REG. <u>JAN 24 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

0000-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis

Missouri

St. Louis

X

University City

X

St. Louis

X

309 Lindell

3 yrs. Jewish Hosp.

Jan. 23, 1927

MISSOURI

MISSOURI

Apr. 20

Apr. 1890

X

Female White

USA

Lithuania

Housewife

At Home

UNKNOWN

Unknown

George J. ...

None

None

None

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 Signature of Student Embalmer

Signed *Quero Q. Quiburg* Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

REMOVED 1/24/1927
BETTER REMOVED AND REPHOTODUPLICATION