Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015657
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3262

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7320 EUGENE — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7320 EUGENE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANK Middle F Last SAGER
4. DATE OF DEATH Month MARCH Day 30 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH APRIL 6 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS
11. BIRTHPLACE (City and state or country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U-S-A.
13a. FATHER'S NAME HENRY SAGER
13b. MOTHER'S MAIDEN NAME MARY WEIGMANN
14. NAME OF HUSBAND OR WIFE MARY A. SAGER (DEC'D)
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. 489-05-7508
17. INFORMANT FRANCIS SAGER Address ROUTE 14 BOX 1085 AFFTON MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver — 5 years
DUE TO (c) Arteriosclerosis — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1/1956 3/30/59 and last saw her/him alive on 3-24-59
Death occurred at 3/30/59 3:45 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Phil Bardinkus MD
22b. ADDRESS 3903 Olive St St Louis Mo
22c. DATE SIGNED 4-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APRIL 2 1959
23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM.
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. APR 1 '59
26. REGISTRAR'S SIGNATURE Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Jamestown

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.