

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis** Primary Registration District No. **1003** File No. **18462**
 City..... (No. **St. Johns Hospital**) Registered No. **4939** St. Ward)

2. FULL NAME

(a) Residence, No. **41325 Lexington Ave. St.** Ward. **10** (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. F. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Florence Sager (Oberholman)**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 30, 1880**
 7. AGE YEARS **53** MONTHS **8** DAYS **14** If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printing Pressman**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**
 13. NAME **William Sager**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 15. MAIDEN NAME **Not known**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT **Mrs. Florence Sager** (ADDRESS) **41325 Lexington Ave.**
 18. BURIAL, CREMATION, OR REINTERMENT PLACE **St. Raphael** DATE **May 18 1934**
 19. UNDERTAKER **Math. Hermann** (ADDRESS) **61 East 4th St.**
 20. FILED **Ill** 19 **34** **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **5/5 1934** to **5/14 1934**
 last saw him alive on **5/14 1934**. Death is said to have occurred on the date stated above, at **10:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Staphylococcus septicemia Date of onset **5/5/34**
Bubonic pneumonic **5/7/34**
107A
151A
107A
 Other contributory causes of importance:
Carbuncle (Sacral Region)

Name of operation **Incised Carbuncle** Date of **5/7/34**
 What test confirmed diagnosis? **Blood Culture** Was there an autopsy? **No**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19 ..
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Hubert S. Pyett** M. D.
 (Address) **3500 N. Grand Ave.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

