

JAN 24 1938

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

46699  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96 789  
 (b) Township Wolsten Norman Primary Registration District No. 616 33 B Registered No. 6  
 (c) City Mellston (d) Street No. 1512 Eckert Place St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles E. Sage

(a) Residence, No. 1512 Eckert Place St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dewey Sage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 5 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as 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 Joseph Sage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Emma Rousch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Dewey Sage (ADDRESS) 1512 Eckert Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem. DATE Jan. 4, 1938.

19. FUNERAL DIRECTOR Wm. F. Paschedag (ADDRESS) 2825 N. Grand Blvd.

20. FILED 1-3 1938 THEODORE R. MEYER M. D. DR. P. (Address) Deputy State Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:15 P. m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis of the spine (lumbar)

Date of onset

Other contributory causes of importance:

abscess, proas, bilateral

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? yes

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) John P. Connelley M. D. (Address) Coroner, St. Louis

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

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L. E.

No. 3575 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Wm. F. Paschedag*

Licensed Embalmer No. 2311

**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.)**