

AN 31 1939

RECEIVED FEB 7 1939

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

3959
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 190
 (c) City Jefferson Barracks (d) Street No. VETERANS FACILITY St. UNKIU
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John S. SAVAGE
 (a) Residence, No. 1815a South 8th Street, St. Saint Louis, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Elvira Savage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>42</u>	<u>1</u>	<u>4</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer Store Mgr.

9. Industry or business in which work was done, as saw mill, bank, etc. Kroeger Co.

10. Date deceased last worked at this occupation (month and year) 12/30/30 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) Dublin, (STATE OR COUNTRY) Ireland

FATHER

13. NAME Michael Savage

14. BIRTHPLACE (CITY OR TOWN) Ireland

MOTHER

15. MAIDEN NAME Mary Sheridan

16. BIRTHPLACE (CITY OR TOWN) Ireland

17. INFORMANT Clinical Pathologist, Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE FEB. 1, 1939

19. FUNERAL DIRECTOR (NAME) C. HOFFMEISTER, M. A. C. (ADDRESS) 7814 S BROADWAY

20. FILED JAN 31 1939 R. Meyer, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938, to January 30, 1939
 I last saw him alive on January 30, 1939. Death is said to have occurred on the date stated above, at 6:30A. m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, chronic, active, far-advanced. (C) Date of onset Unkn.

Other contributory causes of importance:

Pleurisy, chronic, fibrinous. Unkn.

Laryngitis, chronic, tuberculous. Unkn.

Enteritis, chronic, tuberculous. Unkn.

Name of operation None Date of None
 What test confirmed diagnosis? Ph. clinical mani. and laboratory. 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? _____
 If so, specify Coal Miner
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) V.A.B., Jefferson Barracks, Mo.

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.