

**FILED** **OCT 4 1945** **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1028**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
401 South 11th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 64 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 South 11th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Eugene Saeger

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella H. Saeger 6. (c) Age of husband or wife if alive 74 1/2 years

7. Birth date of deceased February 2 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 7 21 hr. min.

9. Birthplace Saegertown Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Charles Saeger  
13. Birthplace Saegertown Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Snyder  
15. Birthplace Saegertown Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David E. Saeger  
(b) Address 401 South 11th

17. (a) burial (b) Date thereof 9/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hier Vault Mt. Mora Cem.

18. (a) Signature of funeral director Walter Bettale & Bowman  
(b) Address 319 South 10th

19. (a) 9-26-1945 (b) AJ. [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 23  
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1/45  
\_\_\_\_\_ 19\_\_\_\_ to SE 23rd 1945  
that I last saw him alive on SE 22nd 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver 1 year

Due to \_\_\_\_\_  
Due to 468  
Other conditions General debility  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cem.

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature of J. J. [Signature] (M. D. or other)  
Address St. Joseph SE 24/45 Date signed 9/24/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. F. H. Thompson, Sr.  
825 Charlie

OCT 31 1945

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address St Joseph

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, fact should be so stated above.