

FILED JUL 1 1946

State File No. _____
Registrar's No. 1353

Registration District No. 377 Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution hill-home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years (years, months or days)

3. (a) PRINT FULL NAME Sallie Sage

3. (b) If veteran, name war hill

3. (c) Social Security No. hill

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 80 Months ✓ Days ✓ If less than one day _____ hr. _____ min.

9. Birthplace Jonestown (City, town, or county) mo (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Peter Sage

13. Birthplace Jonestown (City, town, or county) mo (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) mo (State or foreign country)

16. (a) Informant Marie Reese

(b) Address 7709 Bonhomme

17. (a) Burial (b) Date thereof 6 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. C. Reavis

(b) Address 211 E. 11th St. St. Louis, Mo.

19. (a) 6-24-46 (b) P. H. McHarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7709 Bonhomme
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1946 hour 11 minute — P. M.

21. I hereby certify that I attended the deceased from 6/9 1946 to 6/20 1946
that I last saw her alive on 6/20/46 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Due to Ch. hyperten.

Due to Hypertension

Other condition Paralysis
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature P. H. McHarran (M. D. or other) _____
Address St. Louis, Mo. Date signed 6/27/46

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

20139

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. 2027.....

P. O. Address Webster Groves.....

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.