No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34642

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8847

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5538a Hebert St. St Louis City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County same
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5538a Hebert St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anita Saeger
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William A. Saeger
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June 20th. 1892
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	3	20	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany (State or foreign country)
10. Usual occupation Home
11. Industry or business .....

FATHER
12. Name August Mohr
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Schueneman
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Marian Schneider
(b) Address 5538a Hebert St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 13 1948 (Date received local registrar) (b) J. B. Fassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1948 hour 1:23 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 3
While at work? ..... (e) Means of injury .....
23. Signature [illegible] (M. D. or other) .....
Address ..... Date signed 10/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.