

FILED MAY 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13078

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3054 Registrar's No. 125

1. PLACE OF DEATH
 a. COUNTY ST. FRANCIS
 b. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 113 DOVER ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY ST. FRANCIS
 c. CITY OR TOWN BONNE TERRE
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 113 DOVER ST. 09410

3. NAME OF DECEASED (Type or Print)
 a. (First) SAM b. (Middle) SAGAN c. (Last) SAGAN
 4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT. 18, 1877 9. AGE (In years last birthday) 76 6 31 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER 10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD 11. BIRTHPLACE (City and State or Foreign Country) GALICIA AUSTRIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN SAGAN 13b. MOTHER'S MAIDEN NAME EVA POSYPANKO 14. NAME OF HUSBAND OR WIFE THERESA SAGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME SAM SAGAN JR. ADDRESS BONNE TERRE MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenia
 ANTECEDENT CAUSES Myocardial infarction DUE TO (b) 2 years
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) —
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4222 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1870, to April 9, 1954, that I last saw the deceased alive on April 9, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Geo. F. Watkins MD. 23b. ADDRESS St. Louis, Mo. 23c. DATE SIGNED 4-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APRIL 13, 1954 24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S ORTHODOX 24d. LOCATION (City, town, or county) (State) DESLORE MO

DATE REC'D BY LOCAL REG. Apr 29, 1954 REGISTRAR'S SIGNATURE Catherine Redloff 25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Hudle ADDRESS Bonne Terre Mo

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

JUL 8 1954

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. J. Hayward*.....
Licensed Embalmer No. *570*.....

P. O. Address *Bonnell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.