

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42867**
Registrar's No. **2989**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **2989**

1. PLACE OF DEATH St. Louis a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY OR TOWN 4511 BRENTWOOD MO	
c. LENGTH OF STAY (in this place) DOA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS COUNTY DOA		e. STREET ADDRESS (If rural, give location) 8754 ROSE AVE	
3. NAME OF DECEASED (Type or Print) a. (First) ROSALIE b. (Middle) SAGE c. (Last) SAGE		4. DATE OF DEATH (Month) (Day) (Year) DEC 19 1955	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 10 1878
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES HENRY REDMON		13b. MOTHER'S MAIDEN NAME FRANCIS FAIRFAX	14. NAME OF HUSBAND OR WIFE MR SAGE (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Edward Edmund Holland Ave
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-19 , 19 55 , to 12-19 , 19 55 , that I last saw the deceased alive on 12-19 , 19 55 , and that death occurred at 5:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William H. Davis M.D.		23b. ADDRESS 601 So. Brentwood Blvd	
23c. DATE SIGNED 12-22-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 23 Dec 55		24c. NAME OF CEMETERY OR CREMATORY Father Jackson	
24d. LOCATION (City, town, or county) (State) Springton Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heard & Spence 130 Eldredge	
DATE REC'D BY LOCAL REG. 12-22-55		REGISTRAR'S SIGNATURE Herbert R. Dombro MO.	

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

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.....
Frederick J. Yandee

Licensed Embalmer No. *4234*

P. O. Address.....
*139 Old
Hester Grove*

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.