

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5223
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis, Mo.** (d) Street No. **Missouri-Baptist Hospital** St. **1868**
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Donald Eugene Saucier 260**

(a) Residence, No. **312 W. Ashley** St. **NR** **Jefferson City, Missouri**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 12th, 1936**

7. AGE YEARS **1** MONTHS **5** DAYS **2** If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sullivan, Missouri**

FATHER

13. NAME **Donald M. Saucier**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER

15. MAIDEN NAME **Doris Spard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Enid, Oklahoma**

17. INFORMANT (ADDRESS) **Donald M. Saucier 312 W. Ashley, Jefferson City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sullivan, Missouri** DATE **February 17th 38**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe 429 N. Euclid Avenue**

20. FILED **FEB 23 1938** *J. F. Brudack*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 14th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 12**, 19**38** to **Feb 14**, 19**38**

I last saw him alive on **Feb 14, 1938** Death is said to have occurred on the date stated above, at **9:10 P.M.**

The principal cause of death and related causes of importance were as follows:

Acute mastoiditis.

11912

Other contributory causes of importance: **weakness from acute dislocation of 3 days.**

Name of operation Date of

What test confirmed diagnosis? **Physical** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Mo.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. P. Ryan*, M. D.

(Address) *Sullivan, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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4868 898T

John J. Sullivan

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. J. Sullivan
Licensed Embalmer No. 1122

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.)