V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 03 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35855

State File No. 9403

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo. 2 days. (Specify whether 15 years)
In this community 15 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100 99

(a) State Illinois (b) County

(c) City or town ~~St. Louis, Missouri.~~ Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 2
If yes, name country American.

3. (a) PRINT FULL NAME James Curtis Sackett,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 10 (Day) 1879 (Year)

8. AGE: Years 63 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Illinois. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Edward Sackett.
13. Birthplace Ohio. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Bradley.
15. Birthplace Illinois. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Lonnie Green
(b) Address 5800 Arsenal

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 10 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th, year 1942. hour 5:55 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 Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R W Maxwell (M. D. ~~or other~~)
Address 5600 Arsenal St. Date signed 11-10-42

(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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.