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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6967

Registrar's No. 2038

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

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: St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5130 San Francisco Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE SACKETT

3. (b) If veteran, name war

3. (c) Social Security No. 488-09-9203

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophie Sackett

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July (Month) 31 (Day) 1898 (Year)

8. AGE: Years 49 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Stlouis (City, town, or county) MO (State or foreign country)

10. Usual occupation Maintenence Man

11. Industry or business United Drug Co

FATHER
12. Name Thomas Sackett
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katie Royer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sophie Sackett
(b) Address 5130 San Francisco Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) FEB 2 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th year 1948 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2/7/48, 19 , to Feb. 27th, 19 48 that I last saw him alive on Feb. 27th, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Laennec's Cirrhosis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

124

Major findings:
Of operations
Of autopsy Same

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 Joseph C. Bellen M.D. 1515 Lafayette 2/28/48 (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rec'd.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.