

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21094

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St Louis</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>916 Lake Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Josephine</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Sak</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 17 1930</u>	9. AGE (In years last birthday) <u>19</u>	# UNDER 1 YEAR Days <u>11</u>	# UNDER 1 YEAR Hours <u>4</u>	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>East St Louis Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Joseph Costa</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Kwiatkowski</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew John Sak</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Andrew J Sak</u>	ADDRESS <u>916 Lake Ave St Louis Ill</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>6850.</u> <u>42</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) 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 type="checkbox"/>
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21a. SUICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gasconade River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson Twp Osage Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-21-1950 9a</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Boat Capsized</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clyde M. Masten</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Linn Mo</u>	23c. DATE SIGNED <u>6.23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>East St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/23/50</u>	REGISTRAR'S SIGNATURE <u>29 surrounded</u>	235	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Masten</u>	ADDRESS <u>Linn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 21 1950

District File Number

District Health Officer No. 9,

RECEIVED JUN 26 1950

MAR 13 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.