

FILED JUN 21 1950

STANDARD CERTIFICATE OF DEATH

22296

State File No.

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4464		Registrar's No. 1474	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. LENGTH OF STAY (In this place) 3-days		c. CITY (If outside corporate limits, write RURAL and give township) Overland		4231	
d. FULL NAME OF HOSPITAL OR INSTITUTION OVERLAND RESTORATION				d. STREET ADDRESS (If rural, give location) 2812-Pasteur Avenue			
3. NAME OF DECEASED (Type or Print) Matilda Josephine Sack			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1890		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Ungerer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Richard E. Sack			
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 Richard E. Sack 2812-Pasteur Av-Overland, Mo.			
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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
				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 331X		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) St. Louis County (14) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 6/2, 1950 , to 6/4, 1950 , that I last saw the deceased alive on 6-12-50 , 19 50 , and that death occurred at 7:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John D. Small M.D.				23b. ADDRESS 10200 Parkland Rd Spring		23c. DATE SIGNED 6/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-14-50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 13 1950		REGISTRAR'S SIGNATURE Herbert A. Clarke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumman Bros Inc. 12501-Woodson Rd-Overland-14-Mo.			

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.