

FILED MAY 12 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 14625  
Registrar's No. 4026

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis,</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>16</u> OR TOWN <u>St. Louis,</u>		<u>2169</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3251 Michigan Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>3251 Michigan Ave.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Otto</u>	b. (Middle) <u>---</u>	c. (Last) <u>Sackberger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 27, 1951.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 20 yrs,</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Siegfried Sackberger</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know.</u>		14. NAME OF HUSBAND OR WIFE <u>Barbara Sackberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Kaiser 3251 Michigan Ave.</u>		
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>	ANTECEDENT CAUSES				?
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Cardiac Asthma</u>				?
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS				?
Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arteriosclerosis</u>	19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H/221</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 20</u> , 19 <u>50</u> , to <u>Apr. 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr. 27</u> , 19 <u>51</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ray J. Schuster M.D.</u> (Degree or title)			23b. ADDRESS <u>3606 Garois Ave</u>		23c. DATE SIGNED <u>4/28/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>APR 29 1951</u>		REGISTRAR'S SIGNATURE <u>J. Blaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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

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 me  
.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Joe S. Benz  
.....  
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.  
St. Louis, 18, 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.