

FILED JUN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18544

5237

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital,				d. STREET ADDRESS (If rural, give location) 4975 Delor St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Virginia		b. (Middle) M.		c. (Last) Sackberger,		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951,	
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH June 28, 1900	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Russell Tanner,		13b. MOTHER'S MAIDEN NAME Mary Hartmann,		14. NAME OF HUSBAND OR WIFE Otto A. Sackberger,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Otto A. Sackberger, ADDRESS 4975 Delor St.,			
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) Visceral Metastatic Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Primary Ca of tube II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
19a. DATE OF OPERATION 5/11/47		19b. MAJOR FINDINGS OF OPERATION Capillary Carcinoma left tube to intestines				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) St. Louis (STATE) _____			
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? X		175X	
22. I hereby certify that I attended the deceased from 5-11-47 , 19 47 , to 6-5- , 19 51 , that I last saw the deceased alive on 6-6-51 , 19 51 , and that death occurred at 10:00A. m., from the causes and on the date stated above.							
23a. SIGNATURE Walter H. Hoyer (Degree of title) _____				23b. ADDRESS 3108 South Grand		23c. DATE SIGNED 6-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 6/8/51		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
DATE REC'D BY LOCAL JUN 7 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St.,			

(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.

Student Embalmer No.....

Signed Loron C. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

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.