

No. 300
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7243

State File No. _____
Registrar's No. 55

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon</u>	
c. LENGTH OF STAY (In days) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp't</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>R.</u> c. (Last) <u>Sasaki</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1953</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 5 1903</u>	9. AGE (In years last birthday) <u>49</u>	10. MONTHS <u>2</u>	11. DAYS <u>16</u>	12. HOURS <u>1</u>	13. MIN. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Practice</u>		11. BIRTHPLACE (State or foreign country) <u>Hawaii</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Lokuichi Sasaki</u>		13b. MOTHER'S MAIDEN NAME <u>Arima</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Hanley O'Fallon Mo.</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Hanley O'Fallon Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES		<u>2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>2 hrs.</u>	
DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>243 x</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 2-21-53 to 2-21-53, that I last saw the deceased alive on 2-21-53, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Charles, Mo</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shipped by Wabash Lgs</u>		24d. LOCATION (City, town, or county) (State) <u>San Jose California</u>	
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DATE REC'D BY LOCAL REG <u>Feb 23 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>O'Fallon Mo.</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

E. A. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.