

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

10608

State File No.

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON, MO.</u> c. LENGTH OF STAY (In this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>HTTTON.</u> <u>4820</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>9344 MACKENZIE Rd.</u>	
3. NAME OF DECEASED a. (First) <u>HELMAN</u> b. (Middle) <u>Sass</u> c. (Last) <u>Sass</u> (Type or Print)			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>10</u> (Year) <u>54</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>July 9-1886</u>
9. AGE (In years last birthday) <u>67</u>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 4 HRS.: Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN SASS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH REMMY</u>	
14. NAME OF HUSBAND OR WIFE <u>HILLIAN SASS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNK.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HILLIAN SASS</u>		ADDRESS <u>9344 MACKENZIE HTTTON</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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vas. w. acc. accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>331x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <u>3-9</u> , 1954, to <u>3-10</u> , 1954, that I last saw the deceased alive on <u>3-10</u> , 1954, and that death occurred at <u>7:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gene H. Page - M.D.</u>		23b. ADDRESS <u>601 So. Brentwood</u>	
23c. DATE SIGNED <u>3/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-13-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PARKLAWN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LEMMY MO</u>	
DATE REC'D BY LOCAL REG. <u>3/10/54</u>		REGISTRAR'S SIGNATURE <u>Heckel R. Ambler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>FOOTHER FUNERAL HOME</u>		ADDRESS <u>1322 So GRAND</u>	

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

No. 300
10-48

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, Student Embalmer No..... working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed.....
David Van Horn

Licensed Embalmer No. 458

P. O. Address 6322 5th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.