

No. 300
10.48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35025

State File No. _____

0920

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

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6092</u>		Registrar's No. _____	
1. PLACE OF DEATH <u>Home</u> a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wentzville Cuivre</u>		c. LENGTH OF STAY (In this place) <u>38 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville-Rural-Cuivre</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustave</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Sachs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1954</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>Oct. 27-1879</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Josephville</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Josephville</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gustave Sachs</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Ferdine Sachs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferdine Sachs Wentzville Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>18 months</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>334 X</u> 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) _____		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>Nov. 3, 1952</u> , to <u>Oct. 29, 1954</u> , that I last saw the deceased alive on <u>Oct. 29, 1954</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.E. Boyer</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>Wentzville, Missouri</u>		23c. DATE SIGNED <u>Oct. 2, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Theodor's</u>		24d. LOCATION (City, town, or county) <u>Flint Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4 1954</u>		REGISTRAR'S SIGNATURE <u>Matth P. [Signature]</u> <u>408</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.E. Pitman Funeral Home</u> <u>Wentzville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Sarleton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student *Sarleton J. Pitman*
Student Embalmer

Signed *Annetta M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Heintzville N.*

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.