

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3045
0516

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>14 5062nd MARDEL</u> 0			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>MR. AXEL</u>			b. (Middle) <u>SAKRISON</u>			c. (Last)	
5. SEX <u>MALE</u> 0		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u> 2		8. DATE OF BIRTH <u>JULY 3, 1887</u> 67	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEDEN</u> 4	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>PETER SAKRISON</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUSTA JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>324-10-1526</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DOROTHY L. HILL 636th 13 ANEROFT</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</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.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>1-8/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Advanced Abdominal Carcinoma</u>				20. AUTOPSY? YES <input checked="" 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? <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 15, 1954</u> , to <u>JAN 18, 1955</u> , that I last saw the deceased alive on <u>JAN 18, 1955</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Emmett H. Houston M.D.</u>				23b. ADDRESS <u>106 So Central</u>		23c. DATE SIGNED <u>1/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OTTUMWA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OTTUMWA, IOWA</u>	
DATE REC'D BY LOCAL REG. <u>JAN 18 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Travis</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leo J. Budde

Licensed Embalmer No. *3989*

P. O. Address

St. Louis 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.