

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29975

318

1003

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 7557

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>470 Mo Pac Hospital</i>		Length of stay in lb <i>50 yrs.</i>	
3. NAME OF DECEASED (Type or print) First <i>Ernest</i> Middle <i>William</i> Last <i>Sackman</i>		4. DATE OF DEATH Month <i>Aug</i> Day <i>11</i> Year <i>1957</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 13, 1871.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired-Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	
11. BIRTHPLACE (City and state or country) <i>St. Charles, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
13. FATHER'S NAME <i>UNKNOWN</i>		14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT <i>Miss Lillian Burkhardt, 2621 N. Spring Ave.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism</i> DUE TO (b) <i>Myocardial Infarction</i> DUE TO (c) <i>Arteriosclerotic Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>420.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <i>6:15</i> Month, Day, Year <i>Aug. 6, 1957</i> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Aug. 6, 1957</i> to <i>Aug. 11/57</i> and last saw her alive on <i>Aug. 11/57</i> Death occurred at <i>6:15 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clemens J. Sullivan, M.D.</i>		22b. ADDRESS <i>Mo. Pac. Emp. Hospital</i>	
22c. DATE SIGNED <i>8-12-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8/15/57.</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhall Cemetery</i>
23d. LOCATION (City, town or county) <i>St. Louis County, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>CALVIN F. FRUTZ FUNERAL HOME, INC.</i> <i>4828 Natural Bridge Blvd., St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 13 '57</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mfb</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Mena*

Licensed Embalmer No... 4

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.