

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024195

STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1656

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis County | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kirkwood 47330 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gravois Rest Hm. | | Length of stay in 1b 4 Months | d. STREET ADDRESS (If outside, give location) 413 W. Madison | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First William Middle A. Last Saucier | | | 4. DATE OF DEATH Month June Day 19 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 31, 1869 | | 9. AGE (In years less birthday) 88 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Crunden & Martin Co. | | 11. BIRTHPLACE (City and state or country) Sullivan, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Eugene Saucier | | 13b. MOTHER'S MAIDEN NAME Nancy Rice | |
| 14. NAME OF HUSBAND OR WIFE Mary Saucier | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 488-18-6964 | |
| 17. INFORMANT Mrs. Russ Brover, 40 Conwood Ia. | | Address Creve Couer, Mo | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculer Accident DUE TO (b) Arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| INTERVAL BETWEEN ONSET AND DEATH 2 days | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 Month, Day, Year. a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 Sept. 1956 to June 18, 1958 and last saw her/him alive on 6-18-58 Death occurred at 6:30 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Royal C. McLean M.D. | | 22b. ADDRESS Kirkwood Mo. | | 22c. DATE SIGNED 6-20-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6/21/58 | | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | |
| 23d. LOCATION (City, town, or county) Kirkwood 22, Mo. | | 23e. (State) | | 24. FUNERAL DIRECTOR Pfzinger Mortuary, Kirkwood, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 6-20-58 | | 26. REGISTRAR'S SIGNATURE Herbert P. Danke M.D. | | | |

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 *Ben E. Johnson*

Licensed Embalmer No. *1366*

P. O. Address *Good Co.*

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.