

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042482

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2911

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b> 4346 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7073 LINDELL residence</b>		Length of stay in lb <b>YRS</b>	d. STREET ADDRESS (If outside, give location) <b>7073 Lindell Blv'd.</b>
3. NAME OF DECEASED (Type or print) First <b>FREDERICK</b> Middle <b>NATHAN</b> Last <b>SARD</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>11</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 22, 1889</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Publicist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk.</b>	11. BIRTHPLACE (City and state or country) <b>New York, New York</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ezra Solomon</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances Feinberg</b>		14. NAME OF HUSBAND OR WIFE <b>Maria B. Sard</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give nature of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>117-09-2844</b>	17. INFORMANT <b>Robert D. Sard, 7073 Lindell Blv'd.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Colon</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>1538</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>?</b>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>August 1958</b> to <b>Nov-1958</b> and last saw him alive on <b>11/10/58</b> Death occurred at <b>7:45 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul D. Hagemann</b>		22b. ADDRESS <b>M.D. 3720 Washington</b>	22c. DATE SIGNED <b>11/11/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		23b. DATE <b>11-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar</b>	
25. DATE RECD. BY LOCAL REG. <b>11-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	

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

Dr. Paul Hageman  
3720 Washington Biv'd.  
JE 1-6646

*Dr. Zeller*

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.

N O

E M B A L M I N G

Student .....  
Signature of Student Embalmer

Signed *C. R. Lupton & Sons* .....  
C. R. LUPTON & SONS

Licensed Embalmer No. ....

P. O. Address .....

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.