

XC 17755976
SL 19610

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023360

STATE FILE NUMBER 4730
REGISTRAR'S NO.

Registration District No. Primary Registration District No.

FILED JUN 19 1959

1. PLACE OF DEATH a. COUNTY		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 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 6500 OLIVE ST RD	
Length of stay in lb 38 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HARRY A. SACHS			4. DATE OF DEATH Month MAY Day 14 Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/25/90	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done or profession, trade, occupation, life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HARRY A SACHS	13b. MOTHER'S MAIDEN NAME MARY SPURNK	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, type or dates of service) YES	16. SOCIAL SECURITY NO. 494076802	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Aortic abdominal aneurysm with rupture & massive retroperitoneal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 Days
IMMEDIATE CAUSE (a) Generalized arteriosclerosis		Many years
DUE TO (b) 451X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the colon with hepatic metastasis - palliative resection		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. attended the deceased from 4/6/59 to 5/14/59 and last saw him alive on 5/14/59 Death occurred at 6:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. SHIELDS, M.D.	(Degree or title)	22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 5/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-16-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR J.W. Clark Funeral Home	ADDRESS 1125 Hodiamont	25. DATE RECD. BY LOCAL REG. MAY 15 '59	26. REGISTRAR'S SIGNATURE W. J. Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Alfred J. Boediker*
Licensed Embalmer No. *2663*
P. O. Address *11257th*

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.