RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

60-009320
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 288

DED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in 1b: 44 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 5716 Terry (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Helen Middle Rae Last Sauzek
4. DATE OF DEATH: Month Jan. Day 27, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-27-60
9. AGE (last birthday): NB
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min. 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NB
10b. KIND OF BUSINESS OR INDUSTRY: NB
11. BIRTHPLACE (City and state or country): Normandy, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Lee Sauzek
13b. MOTHER'S MAIDEN NAME: Helen Rae Doll
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Helen Rae Sauzek Address: 5716 Terry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Maustracity Cyclops.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 750+
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Incompatible c Life.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-27-60, to 1-27-60 and last saw her/him alive on
Death occurred at 2:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest Slaughter MD (Degree or title)
22b. ADDRESS 3202 Ashby
22c. DATE SIGNED 1-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1-28-60
23c. NAME OF CEMETERY OR CREMATORY: GREEN MOUNT
23d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS

24. FUNERAL DIRECTOR: RENNER ADDRESS: BELLEVILLE Ill.
25. DATE RECD. BY LOCAL REG.: 1-28-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by NOT EMBALMED, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George M Renner

Licensed Embalmer No. 5051

P. O. Address BELLEVILLE

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