

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028757

FILED VS AUG 10 1960

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7589

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>7 Days</b>		c. CITY OR TOWN <b>Bel Nor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>2859 Wakonda Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				First Middle Last		4. DATE OF DEATH		
<b>Frederick G. Sachleben</b>						Month Day Year <b>7 31 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/10/94</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. to Operating V.P.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred H. Sachleben</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Heitman</b>			14. NAME OF HUSBAND OR WIFE <b>Thelma L. Sachleben</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.#1</b>			16. SOCIAL SECURITY NO. <b>489-07-8208</b>		17. INFORMANT Address <b>Thelma L. Sachleben, Wakonda Dr. 2859</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b>							<b>2-3 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) <b>Generalized arteriosclerosis</b>							<b>unk.</b>	
DUE TO (c) <b>332X</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).					PART III. If deceased was female was there a pregnancy in last 90 days.			
<b>① Occlusion, left internal carotid</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>② Bronchopneumonia terminal</b>								
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 s.m. p.m.		Month, Day, Year						
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 <b>May 1, 1959</b> to <b>July 31, 1960</b> and last saw him alive on <b>7/30/60</b> Death occurred at <b>92-938 Ave</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Wm. J. B. M.D.</b>				22b. ADDRESS <b>634 W. Grand</b>		22c. DATE SIGNED <b>8/1/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>8/3/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 1 1960</b>		26. REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>		

(Licensed Embalmer's Statement on Reverse Side)

*W. J. B.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

Je 1-5234  
Hrs.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.