

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33845

State File No. _____

8542

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. CAUSE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PARK LAKE Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME BEULAH SACKMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Leslie Sackman 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased July 5 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Lottie (Unknown)
15. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Sackman

(b) Address 1211 North 50th East St. Louis

17. (a) Burial (b) Date thereof Oct. 17
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope, Belleville

18. (a) Signature of funeral director John J. Henrich

(b) Address 1101 9th St East St Louis

19. (a) OCT 15 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL") NR
(d) Street No. 1211 North 50th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1940 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1940 to Oct. 15, 1940;
that I last saw her alive on Oct. 15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Empyema
Jacc bladder
- Jones
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Jacc stone
Of operations: Empyema 8/13
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. Smith or other _____
Address 49 3rd St. East St. Louis Date signed 10-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

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 this body is not embalmed, above space should be left blank.