

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **606**

Registration District No. ....

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
**St. Louis**  
(a) County **Jefferson Barracks**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since 3/10/46**  
In this community **Unknown** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Illinois** (b) County **999**  
(c) City or town **Pocahontas 11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. R. # 2 0**  
(If rural, give location) **2**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **SACKETT, Olin W.C.**

3. (b) If veteran, name war **World II**  
3. (c) Social Security No. **Unknown**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **January 4 1926**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**20 2 7** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business.....  
12. Name **Clarence E. Sackett**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unavailable**  
15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clin. Clerk Vet. Adm. Hospital**  
(b) Address **Jefferson Barracks, Missouri**

17. (a) **Funeral** (b) Date thereof **3-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mount St. Louis**

18. (a) Signature of funeral director **Dauderman Funeral Home**  
(b) Address **Alhambra, Illinois**

19. (a) **3-12-46** (b) **W. M. Geron MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**  
year **1946** hour **8:20** minute **A. M.**

21. I hereby certify that I attended the deceased from **3/10/46** to **3/11/46**  
that I last saw him alive on **March 11** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **HEMORRHAGES NASAL RECURRENT**  
Duration **UNK**

Due to.....  
Due to.....

**ANEMIA SEVERE** **UNK**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **No operation**  
Of operations.....  
Of autopsy **No Autopsy**  
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) **No**  
(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?

23. Signature **L. E. STILWELL, M.D.** (M. D. or other) **3/11/46**  
Address **Jefferson Barracks, Mo.** Date signed.....

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

FILED MAR 16 1946

2-43  
5-17-39  
1 X35897

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MOTHER FATHER

NOV 10 1945

NOV 1 1945

FEB 28 1947

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..... *Francis B. McGraw* .....

Licensed Embalmer No..... *16-1* .....

P. O. Address..... *Marine Del.* .....

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, fact should be so stated above.