

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21314

State File No.

0940
3

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN U S Highway 67 & 61		c. LENGTH OF STAY (In this place) traveling		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Twp.			d. STREET ADDRESS (If rural, give location) 5221 Davison St.		
3. NAME OF DECEASED a. (First) Emma		b. (Middle) Sale		c. (Last) Sale	
4. DATE OF DEATH July 4 1950		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 22, 1884		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Henry Rathjens		13b. MOTHER'S MAIDEN NAME Ann Rehrin	
14. NAME OF HUSBAND OR WIFE William J. Sale		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME William J. Sale		ADDRESS St. Louis, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Coronary artery Disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) came to her death by injuries received by collision of two automobiles 8/21/49		DUE TO (c) Crushed chest & internal hemorrhage	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed chest & internal hemorrhage		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 194.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 45614 67	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Twp St. Louis Co. Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) July 4 1950 10:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? automobile accident		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul Rudolph acting coroner		(Degree or title) 3		23b. ADDRESS Springfield Mo	
23c. DATE SIGNED 7/5/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 5, 1950	
24c. NAME OF CEMETERY OR CREMATOR Freedens		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.		DATE REC'D BY LOCAL REG. July 5, 1950	
REGISTRAR'S SIGNATURE Eather Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son Desloge, MO.		ADDRESS	

District File Number _____
District Health Officer No. 9,
AUG RECEIVED
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JUL 4 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *C. Z. Dayer*

Licensed Embalmer No. *1671*

P. O. Address *Desloge, Mo.*

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.