

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25233
6430
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6430		
PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION. 3239 Liberty St.,				d. STREET ADDRESS (If rural, give location) 3239 Liberty St.,				
3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle) William		c. (Last) Sahlbach, Jr.,		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1950		
5. SEX Male,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single,		8. DATE OF BIRTH April 1, 1941.		
9. AGE (In years last birthday) 9		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School,			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Raymond W. Sahlbach,			13b. MOTHER'S MAIDEN NAME Margaret J. Fuchs,			14. NAME OF HUSBAND OR WIFE -----		
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 ADDRESS Raymond W. Sahlbach, 3239 Liberty St.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subacute Infective Endocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inflammatory Rheumatism					INTERVAL BETWEEN ONSET AND DEATH 1 day 3 months 3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H300				
22. I hereby certify that I attended the deceased from 5/18/50 , 19___, to 5/25/50 , 19___, that I last saw the deceased alive on 5/25/50 , 19___, and that death occurred at 7:10A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Vivian K. Altrich M.C.				23b. ADDRESS 3407 S. Grand Blvd.,		23c. DATE SIGNED 7/26/50/		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE July 29, 1950		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,		
DATE REC'D BY LOCAL REG. JUL 27 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary,		2842 Meramec St., St. Louis, 18, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ME

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address. 2842 Meramec St.,

St. Louis, 18, 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.