

No. 300
10.48

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24208**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 221

1. PLACE OF DEATH
a. COUNTY **St. Francois**
b. CITY OR TOWN **Farmington**
RURAL
c. LENGTH OF STAY (In this place) **14y; 6m; 4**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri State Hospital No. 4**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **St. Charles**
c. CITY OR TOWN **St. Charles**
d. STREET ADDRESS **Route 2**

3. NAME OF DECEASED
a. (First) **RALPH**
b. (Middle) **SAMMELMANN**
c. (Last) **SAMMELMANN**
4. DATE OF DEATH **July 4, 1951**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
8. DATE OF BIRTH **February 6, 1911**
9. AGE (In years last birthday) **40**
IF UNDER 1 YEAR: Months **4** Days **28**
IF UNDER 24 HRS: Hours **28** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Common labor**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **St. Peters, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Walter Sammelmann**
13b. MOTHER'S MAIDEN NAME **Mathilda Auchly**
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Unknown** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **Unknown**
17. INFORMANT'S SIGNATURE OR NAME **Records State Hospital No. 4, Farmington, Mo.** ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
INTERVAL BETWEEN ONSET AND DEATH **1 day**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Psychosis with other forms of syphilis of the Central Nervous System.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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)
4200B

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 15, 1949**, to **July 4, 1951**, that I last saw the deceased alive on **July 4, 1951**, and that death occurred at **10:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title)
23b. ADDRESS **State Hospital No. 4, Farmington, Mo. 7-5-51**
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**
24b. DATE **July 7, 1951**
24c. NAME OF CEMETERY OR CREMATORY **All Saints Cem.**
24d. LOCATION (City, town, or county) (State) **St. Peters, Mo.**

DATE REC'D BY LOCAL REG. **July 5 1951**
REGISTRAR'S SIGNATURE **[Signature]**
25. FUNERAL DIRECTOR'S SIGNATURE **Steifvater Undertaking Co.** ADDRESS **St. Peters, Mo.**

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 23 1951

RECEIVED

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 Paul K. Neal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.