

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10528

State File No.

FILED APR 12 1952

318

1003

Registrar's No. 2862

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. 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 township) 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		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION. ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 5 5867 Nina Place			
3. NAME OF DECEASED (Type or Print) a. (First) CLARK		b. (Middle) HAROLD		c. (Last) SACKETT.		4. DATE OF DEATH (Month) (Day) (Year) Mar. 25-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1882		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Principal; Southwest		10b. KIND OF BUSINESS OR INDUSTRY High School.		11. BIRTHPLACE (State or foreign country) Tallmadge, Ohio.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Hines Sackett.		13b. MOTHER'S MAIDEN NAME Flora Treat.		14. NAME OF HUSBAND OR WIFE Isabel Fisher Sackett.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Isabel F. Sackett; 5867 Nina Place			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary infarction						3-23-52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis.						—
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Healed coronary thrombosis						11-25-51
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2A1			
22. I hereby certify that I attended the deceased from 8-27-45 to 3-25- , 1952, that I last saw the deceased alive on 3-25- , 1952, and that death occurred at 2:35 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. W. Clark (Degree or title) M.D.				23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo		23c. DATE SIGNED 3-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-1952	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri		
DATE REC'D BY LOCAL REG. MAR 26 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,			

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Melvin J. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St Louis, 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.