No. 300
10-48

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38426

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (In this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 So. MAIN.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
d. STREET ADDRESS (If rural, give location): 917 So MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): E.
c. (Last): SACKMAN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 2 1954

5. SEX: M
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 28, 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER & CONSTUCTION
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): BATCHTOWN ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN A. SACKMAN
13b. MOTHER'S MAIDEN NAME: HARRIET EDWARDS
14. NAME OF HUSBAND OR WIFE: IDA M. SACKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 489-26-7654
17. INFORMANT'S SIGNATURE OR NAME: Clara M Johnston — ADDRESS: CANTON ILL.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Lung & Kidney Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1948-1954

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 3/29, 1948, *to* 12/2, 1954, *that I last saw the deceased alive on* 12/2, 1954 *and that death occurred at* 14 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. H. Pyler MD.
23b. ADDRESS: 200 N. Main St St Charles Mo
23c. DATE SIGNED: 12/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 4, 1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: OAK GROVE CEMETERY
24d. LOCATION (City, town, or county): ST. CHARLES (State): Mo

DATE REC'D BY LOCAL REG.: Dec 3 1954
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. L. Prinster — ADDRESS: St. Charles Mo.

(Licensed Embalmer's Statement on Reverse Side) PRINSTER-HUGHES

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

DEC 7 19

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~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer.

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.