

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16377
Registrar's No. 971

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) O'FALLON		c. CITY (If outside corporate limits, write RURAL and give township) O'FALLON	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		_____	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) F.		c. (Last) SAAI		4. DATE OF DEATH (Month) (Day) (Year) MAY 18-1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) WIDOWED		8. DATE OF BIRTH Oct 7-1878	
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY GEN STORE		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOSEPH SAAI		13b. MOTHER'S MAIDEN NAME PIEPER		14. NAME OF HUSBAND OR WIFE AGNES SAAI	

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. 49-03-3214		17. INFORMANT'S SIGNATURE OR NAME RICHARD SAAI		ADDRESS O'FALLON Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis					
		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 4201		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **17 May, 1955**, to **18 May, 1955**, that I last saw the deceased alive on **18 May, 1955**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Rene J. DuMontier		(Degree or title) _____		23b. ADDRESS O'Fallon Mo.		23c. DATE SIGNED 21 May 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAY 21-1955		24c. NAME OF CEMETERY OR CREMATORY ASSUMPTION		24d. LOCATION (City, town, or county) (State) O'FALLON Mo.	
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DATE REC'D BY LOCAL REG. May 21-55		REGISTRAR'S SIGNATURE Ea. Keithy		25. FUNERAL DIRECTOR'S SIGNATURE Eda Keithy		ADDRESS O'Fallon Mo.	
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WRITE PLAINLY---USING UNFADING BLACK INK---MAKE A PERMANENT RECORD

920
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MAY 31 1955

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 Earl Anthony

Licensed Embalmer No. 872

P. O. Address Dallow 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.