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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34472

State File No. _____

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6042 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Flint Hill</u>	c. LENGTH OF STAY (in this place) <u>#8yr</u>	c. CITY OR TOWN <u>Flint Hill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0420</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) _____ c. (Last) <u>Sachs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 24-1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Josephville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Gustave Sachs</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Sachs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlotte Sachs Wentzville</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		DUE TO (b) <u>Arteriosclerosis</u>		<u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>5 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>4221</u>			

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) (Minute)	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 Oct. 17, 1955, to Oct. 31, 1955 that I last saw the deceased alive on Oct. 31, 1955, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bergesen D.O.</u> (Degree or title)		23b. ADDRESS <u>Wentzville, Missouri</u>		23c. DATE SIGNED <u>11-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Theodore's</u>	24d. LOCATION (City, town, or county) (State) <u>Flint Hill MO</u>		
DATE REC'D BY LOCAL REG. <u>Nov 5 1955</u>	REGISTRAR'S SIGNATURE <u>Walter J. Puff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.E. Pittman Funeral Home</u>			

JUL 25 1950

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 *John*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Quetta M. T. T. T.*

Licensed Embalmer No. *302*

P. O. Address *Westfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.