

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8642

FILED APR 16 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4186 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>SULLIVAN</u>		c. CITY OR TOWN <u>Glendale</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 MIN</u>		e. STREET ADDRESS (If rural, give location) <u>931 Brownell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>J.</u>	c. (Last) <u>SAHRMANN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Apr. 2 1956</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 13, 1938</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student-Christian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bros. College</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert J. Sahrman</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Vankavage</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert J. Sahrman</u>	ADDRESS <u>931 Brownell</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Bunshot wound in head</u>		
	DUE TO (c) <u>head</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>9191</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>43</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Sullivan Franklin Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 2 1956 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally, shot in head when he stood up quickly from kneeling position</u>
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22. I hereby certify that I attended the deceased from Apr 2, 1956, and that death occurred at pos m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Ottmann</u>	(Degree or title) <u>Cornel</u>	23b. ADDRESS <u>Leavelle, Mo.</u>	23c. DATE SIGNED <u>Apr 9, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	24b. DATE <u>Apr. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-9-56</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Murphy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kieghausen</u>	ADDRESS <u>St. Louis, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

960

01308-8

JUN 12 1956

JUN 28 1956

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.....
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *477*

P. O. Address *Jullua*

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.