

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI 96206-57
STANDARD CERTIFICATE OF DEATH

State File No. 47647
Registrar's No. 11338

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. 4651 b. COUNTY ST. LOUIS

b. CITY OR TOWN ST. Louis c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN Glendale d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. John's Hospital 23
e. STREET ADDRESS (If rural, give location) 27 219 North Lappington

3. NAME OF DECEASED (Type or Print) a. (First) Baby Gerard b. (Middle) Sahrman c. (Last) Sahrman 27
4. DATE OF DEATH (Month) (Day) (Year) 11-23-57

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____
8. DATE OF BIRTH 11/23/57 9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT 10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David L. SAHRMANN 13b. MOTHER'S MAIDEN NAME Loretta ARTMAN 14. NAME OF HUSBAND OR WIFE _____

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 David L. Sahrman ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Multiple Gross abnormalities (Mongol Facies - Dwarf, Deform of extremities)
DUE TO (c) Prematurity
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 7:59:3 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11/23, 1957, to 11/23, 1957, that I last saw the deceased alive on 11/23/57, 1957, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John V. King M.D. 23b. ADDRESS 689 E. Big Bend, 19, Mo 23c. DATE SIGNED 11/23/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Nov. 26, 1957 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. - 24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. NOV 26 57 REGISTRAR'S SIGNATURE Paul Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Webster Groves ADDRESS 831 E. Big Bend

26. (Licensed Embalmer's Statement on Reverse Side) WEBSTER GROVES 19 MO.

WRITE PLAINLY—USING UNFADING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Not Embalmed
M. J. [Signature]
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.