

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014383

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1156

FILED APR 11 1963

DO NOT WRITE ON THIS STUB      AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Valley Park</b>  |   | c. CITY OR TOWN <b>Kirkwood</b>   |   |
| Length of stay in 1b <b>9 1/2 weeks</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Valley Park Nursing Home</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>1235 Folger</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>DORA</b> Middle <b>M.</b> Last <b>SACHS</b>  |   | 4. DATE OF DEATH Month <b>April</b> Day <b>3</b> Year <b>1963</b>   |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>2-24-1877</b>   |
| 9. AGE (last birthday) <b>85</b>   |   | IF UNDER 1 YEAR: Months <b>5</b> Days <b>2</b>  | IF UNDER 24 HR: Hours <b>12</b> Min. <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Blair Co., Pa.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   | 13a. FATHER'S NAME <b>Unknown Stultz</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Harry Sachs</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of serv)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT <b>Harry Sachs, Jr.,</b>   |   | Address <b>above</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 yrs</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic Heart Disease</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____  |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY _____ STATE _____  |
| 21. I attended the deceased from <b>Feb. 11, 1963</b> to _____ and last saw her <sup>him</sup> alive on <b>Feb. 3, 1963</b><br>Death occurred at <b>3:50 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>  |   | 22b. ADDRESS <b>5500 S Broadway</b>   | 22c. DATE SIGNED <b>4-4-63</b>  |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL <b>Reburied</b>  | 23b. DATE <b>4-6-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Burial Park</b>   | 23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>4-4-63</b>  | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>  |

**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 Melvin Barbeau

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.