MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 13390

Township ..... Primary Registration District No. 1003 Registered No. 3985

City St. Louis (No. 1310a S. 6th St. ..... Ward)

2. FULL NAME Charles Sachse

(a) Residence. No. 1310a S. 6th St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie nee Voellner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Park Dept.
(b) General nature of industry, business, or establishment in which employed (or employer) Employee
(c) Name of employer Labor

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Aug. Sachse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Louise Schulz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Minnie Sachse
(Address) 1310a S. 6th St.

15. FILED ..... 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Mar. 31, 1929 that I last saw him alive on Mar 30, 1929 and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral
131 Hemorrhage
82a
Ch. Nephritis (duration) ..... yrs. ..... mos. 3½ ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Leo Reber, M. D.
4/1, 1929 (Address) 1343 S 11 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Concordia Cem.	4-3 1929
20. UNDERTAKER	**ADDRESS**
Witt Bros. L & U Co.	2929 S. Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.