

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

Do not use this space.

29043

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1422 Buchanan) St. _____ Ward _____

File No. _____
 Registered No. 8154

2. FULL NAME Catherine Sahlbach

(a) Residence, No. 1422 Buchanan St. 26 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7, 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Sahlbach

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Aug 7, 1929 that I last saw her alive on Aug 6, 1929, and that death occurred, on the date stated above, at 4:45 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28, 1868

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61. 4 9

Cancer of Liver.
 (duration) 2 yrs. - mos. - ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) none
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Adam Schaffer

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

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

20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Frank J. Treble, M. D.
 (Signed) Aug 7, 1929 (Address) 3500 N Grand

12. MAIDEN NAME OF MOTHER Dena Lossemann

*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.

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

14. INFORMANT Mrs. T. Schaeffermann
 (Address) 3233 Kuyler St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cemetery DATE OF BURIAL Aug 9, 29

15. FILED..... 19.....
 REGISTRAR Max E. Marking

20. UNDERTAKER Thos. H. Beiderwieden St. Louis ADDRESS 1936

Exact statement of OCCUPATION is very important.
 State in plain terms, so that it may be properly classified.

