

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

Do not use this space.

2809

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 7003  
 City St. Louis Mo. (No. Sanitarium) St.          Ward         

File No. 250  
 Registered No.         

**2. FULL NAME**

Mary Sachs  
 (a) Residence. No. 4164 Lee Apt. 13 Ward.           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 31 yrs. 4 mos.          ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>4</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) "  
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Fornit. Rodak 5408 Arsenal

15. FILED JAN -8 1935 Wm C. Hankins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/7/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/2/12 1925 to 1/7/30 1930 that I last saw h. alive on 1/7/30 1930, and that death occurred, on the date stated above, at 1:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis of the lungs.  
23A

(duration) 31 yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 31 (duration)          yrs.          mos.          ds.

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

0 DID AN OPERATION PRECEDE DEATH. No DATE OF         

WHAT TEST CONFIRMED DIAGNOSIS Chemical & Laboratory

(Signed) Fornit Rodak M. D.  
1/7/30, 19 (Address) 5408 Arsenal

\*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 Paragould Ark DATE OF BURIAL Jan 8 19 30

20. UNDERTAKER A. Stone & Co. ADDRESS 2707 N. Grand Blvd

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.

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