3 27 1934

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. 2820

Township ..... Primary Registration District No. 1003 Registered No. 460

City St. Louis (No. 5828, Etzel Ave. St. ..... Ward)

2. FULL NAME Richard F. Sass

(a) Residence, No. 5828 Etzel Ave. St. 5 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12th, 1863

7. AGE: YEARS 70 MONTHS 3 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: Richard F. Sass, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Bess Sass 5828 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park Cem. DATE: Jan. 13th, 1933

19. UNDERTAKER (ADDRESS): Drehmann Harral 1905 Union Blvd.

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1932 to 1-11-, 1934

I last saw him alive on 1-11-, 1934 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chr.
Hypertension
Nephritis chr.
Diabetes mellitus
59

Date of onset

Other contributory causes of importance:
131
935

59

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Kaufman, M. D.
(Address) Wash Ave

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.

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

Wall Bldg.
Jeff 3910
1-3

Dr. R. K. Andrews
Wall Bldg.