

MAR 24 1934

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

Do not use this space.

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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1. PLACE OF DEATH
County Large Girardian Registration District No. 126
Township Londonville, Mo. Primary Registration District No. 4069
City Londonville, Mo. (No.) St. Ward)

File No. 4193

2. FULL NAME Rosena Sachse
(a) Residence, No. Londonville, Mo. St. Ward.
(Usual place of abode) Londonville, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Sachse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 17, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Oak Ridge, Missouri

FATHER 13. NAME Ray Schurr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Edemund
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County

17. INFORMANT (ADDRESS) Wm. Sachse, Londonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE

19. UNDERTAKER (ADDRESS) W. J. Murphy & Sons, Londonville, Mo.

20. FILED 2/12 1934 Mrs. W. W. Ford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to Feb. 11, 1934
I last saw him alive on Feb. 10, 1934. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
1241
921
Date of onset Jan. 1, 1932
Other contributory causes of importance: Coronary Sclerosis with aneurysm

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

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) W. M. Ford, M. D.
(Address) Londonville, Mo.

