

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1003**) (Name of Hospital, Hosp.) St. Ward)

2. FULL NAME

Anna Sachs
 (a) Residence, No. **6327 Bates** St. **5** 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

3. SEX female	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 Solomon Sachs		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk		
7. AGE YEARS MONTHS DAYS ab 62	IF LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home	11. Total time (years) spent in this occupation.	
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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kovno Russia		
13. NAME Issac Joel Isaacson	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rusaria	
15. MAIDEN NAME Sheba (unk)	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rusaria	
17. INFORMANT (ADDRESS) Lillian Sachs's 6327 Bates ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) DATE Cathedral of the Holy Trinity 4/19/34		
19. UNDERTAKER (ADDRESS) H. B. Berger 715 McPherson		
20. FILED 1934		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2:00 PM, 19... to 19...
 I last saw him alive on 4/15/34. Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:
 Fract. Pelvis, Humerus into Pelvis, Cellulitis of Peritoneum & adjacent tissues
 Rupt. urinary bladder recd
 Other contributory causes of importance: in auto which turned over on highway 2.5 miles west of Boonville, Mo., (passenger)

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury... 4/15, 1934
 Where did injury occur? **Highway near Boonville, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Public Highway**
 Manner of injury... **Auto accident**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) **Parrot J. Demey** M.D.
 (Address) **Dep. for**
 4/19/34

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.

MAR 14 1956