

JUN 13 1935

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

Do not use this space.

17619

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City St. Louis

Registration District No. 784
Primary Registration District No. 6030
(No. St. Louis Training School)

File No. _____
Registered No. 7#65
St. _____ Ward _____

2. FULL NAME

Earl Sackwitz

(a) Residence, No. St. Louis Training School 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 Male 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. 27, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>13</u>	<u>8</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

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) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Louis Sackwitz

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

15. MAIDEN NAME Johanna Coleman

16. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

17. INFORMANT Records at St. Louis Training School
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9-11 1935

19. UNDERTAKER H.A. Stocklund Co.
(ADDRESS) 2117 E. Grand Blvd

20. FILED 578 1935 W.A. Ziebler
Dr. E. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-29- 1935, to May 8, 1935

I last saw him alive on May 8, 1935. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Hypostatic pneumonia Date of onset 5-4-35

Other contributory causes of importance:

Spartic paraplegia Birth "
Idiocy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

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 _____

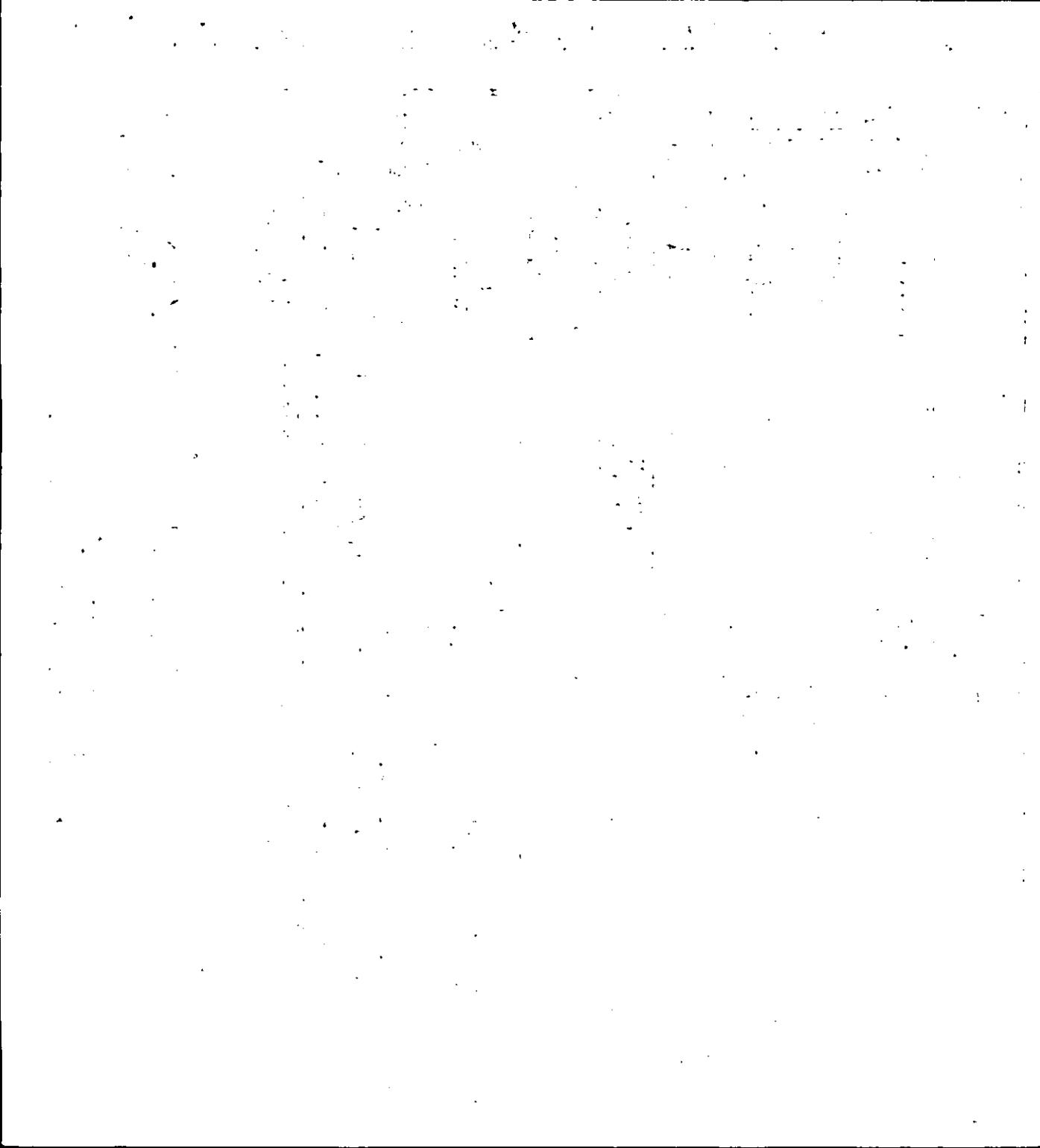
24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Dr. W. M. Ellerstadt, M. D.

(Address) St. Louis Training School

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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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 65

2. FULL NAME

Earl Saekwitz

(a) Residence, No. _____ St., _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 Last seen _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE .YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 8 11

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 _____

Date of onset _____

 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE balmy DATE 5/11 1935

19. UNDERTAKER (ADDRESS)

20. FILED 7/15 1935 W. A. Zeiler Registrar.
J. B. Smith

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) _____, M. D.

(Address) _____

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

JUL 12 1935

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