

**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
 Township..... Primary Registration District No. 1008
 City St. Louis (No. 308 N. Theresa Ave.) St. Ward)

File No. 8726
 Registered No. 2108

2. FULL NAME Mary Fluetsch Sachse

(a) Residence, No. 308 N. Theresa Ave. St. 19 Ward. 1
 (Usual place of abode) (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. 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 Henry W. Sachse		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1863		
7. AGE	YEARS	MONTHS
	73	3
		17
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. Housewife		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
		1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo.		
13. NAME Nicholas Fluetsch		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland		
15. MAIDEN NAME Elizabeth Yost		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland		
17. INFORMANT (ADDRESS) Miss Frances Sachse 308 N. Theresa Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem DATE 2-23 19 37		
19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 222 So. Kingshighway		
20. FILED FEB 23 1937 J. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937, to Feb 20 1937.

I last saw him alive on Feb 20 1937. Death is said to have occurred on the date stated above, at 3:15 P.M. m.

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

Lobar Pneumonia

Chronic Myocarditis

Other contributory causes of importance:

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?..... 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? Yes
 If so, specify.....

(Signed) J. W. Jones, M. D.
 (Address) 301 Michigan St. St. Louis, Mo.

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.

899

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