

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No.....
(No. 308 No., Theresa Ave.)

791
1003

File No. 18479
Registered No. 5055
St. Ward

2. FULL NAME Henry W. Sachso

(a) Residence, No. 308 No. Theresa Ave., 19 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Mary Sachso</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26, 1858</u>		
7. AGE <u>79</u>	YEARS <u>3</u>	MONTHS <u>21</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cobbler</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>		
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) <u>Germany</u>		
13. NAME <u>Unknown Sachso</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Louise Bach</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Miss Frances Sachso</u> (ADDRESS) <u>308 No. Theresa Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Pickers</u> DATE <u>5-20</u> , 19 <u>37</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>5-19</u> , 19 <u>37</u> <u>J. Briedeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 17, 1937
I last saw him alive on May 17, 1937. Death in said 8:50 P. M.
to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
131
Other contributory causes of importance:
Arterio Sclerosis
Chronic interstitial Nephritis
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? No 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) J. Briedeck, M. D.
(Address).....

