

23526

5971

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED AUG 25 1940 791
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5548 Riverview Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5548 Riverview Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Elizabeth Sachse
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Sachse 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 24 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Roehr
13. Birthplace Germany
14. Maiden name Katherine Strautman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Sachse
(b) Address 5548 Riverview Blvd.

17. (a) Burial (b) Date thereof July 18 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem. Drehmann Herral

18. (a) Signature of funeral director _____ (b) Address 1905 Union Blvd.

19. (a) JUL 18 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from July first, 1940, to July 15, 1940;
that I last saw her alive on July 15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Biliary tract & metastasis Primary site on liver

Due to _____
Due to 46

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Chronic endocarditis

Major findings: _____
Of operations _____
Of autopsy _____

Duration
?
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. A. Hermann (M.D. or other) D.O.
Address 1449 Mc Laron Date signed 7/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

D-139 Mo. 9-30-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Warren A. Carter

Licensed Embalmer No. 353X

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.