. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 18 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 15890

Registrar's No. 808

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 6931 Washington 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 80 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6931 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Alma R. Sachse

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife August Sachse

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. 20th., 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	6	18	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Christian Raub
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Von Schrach
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. D. C. Sachse
(b) Address 6931 Washington Blvd.

17. (a) Burial (b) Date thereof 4-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 4-10-47 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-8-47 day .....
year ..... hour 8:30 pm minute ..... M.

21. I hereby certify that I attended the deceased from 3-31-47
....., 19..... to ....., 19.....;
that I last saw her alive on 4-8-47, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis indefinite

Due to 93 E

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. C. Dunn MD (M. D. ~~or other~~)

Address 1927 - union Date signed 4-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

[redacted] N. Union Blvd.

APR 18 1947

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. Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, fact should be so stated above.