No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3437

Registration District No. 317 Primary Registration District No. 3065 Registrar's No. 303

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 927 Brownell Avenue.
(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 Missouri (b) County St. Louis 96
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 927 Brownell Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Elizabeth S. Sachse.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Charles H. Sachse.
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased November (Month) 17, (Day) 1874. (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	13	____ hr. ____ min.

9. Birthplace St. Louis County, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Mathias Schillinger.
13. Birthplace ____ (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Marie Mautz.
15. Birthplace ____ (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Mr. Charles H. Sachse.
(b) Address 927 Brownell Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1948. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 2-2-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th. year 1948 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from Sept. 11, 1947, to Jan 30, 1948; that I last saw her alive on Jan. 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to	
Due to 93d	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations ____
Of autopsy ____

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) ____
(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 D. S. Werth (M. D. or other) M.D.
Address Kirkwood Mo Date signed 2/2/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. D.S.Werth.
124 East Adams Avenue.
Hours 9 to 10 A.M.
Telephone Kirkwood 635

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, Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.