

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12272**

ED MAY 12 1952

REG. DIST. NO. **52**

PRIMARY REG. DIST. NO. **4073**

Registrar's No. **87**

BIRTH NO.		REG. DIST. NO. <b>52</b>		PRIMARY REG. DIST. NO. <b>4073</b>		Registrar's No. <b>87</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Old Appleton</b>		c. LENGTH OF STAY (in this place) <b>63 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Old Appleton</b>		<b>11/6/52</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Main St.</b>				d. STREET ADDRESS (If rural, give location) <b>Main St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> b. (Middle) <b>Henry</b> c. (Last) <b>Sachse</b>			4. DATE OF DEATH <b>May 3, 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 3, 1889</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Beer</b>		11. BIRTHPLACE (State or foreign country) <b>Old Appleton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Sachse</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Hemdrick</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1.</b>		16. SOCIAL SECURITY NO. <b>494-10-0484</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Rose Sachse, Old Appleton, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Attack</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Heart Attack</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home, Old Appleton</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Old Appleton Cape Mo.</b>		<b>4343</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 3 1952 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Heart Attack</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>E. B. ...</i> Coroner.				23b. ADDRESS <b>4 South Pacific Cape Girardeau</b>		23c. DATE SIGNED <b>5/3/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 7 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Schmussel, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 7-52</b>		REGISTRAR'S SIGNATURE <b>D. S. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Wey, Perryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

160

MAY 16 1952

MAY 13 1952

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Albert Bey*

Licensed Embalmer No. 3866

P. O. Address Ferrysville, Mo.

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.