DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20197

Registration District No. 791 JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5145

1. PLACE OF DEATH:

(a) County 2

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6051 Hartford Street.
(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

(c) City or town Saint Louis, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6051 Hartford Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Sackman, 255

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 Widowed

6. (b) Name of husband or wife Martin Sackman

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

7. Birth date of deceased January (Month) 1st, (Day) 1868. (Year)

8. AGE: Years 72 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation At Home 4

11. Industry or business

FATHER
12. Name Unknown 1
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 8

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

16. (a) Informant's own signature John Sackman
(b) Address 6051 Hartford Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) JUN 12 1940 (Date received local registrar) (b) J. F. Bruhlich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th, year 1940. hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 3-15, 1939, to 6-10, 1940, that I last saw her alive on 6-7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis — Duration 2 yr

Due to —

Due to —

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

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 O. S. Jones (M. D. or other) MD
Address 3616 S Bwdy Date signed 6-11-40

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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: V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.