S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39517

Registrar's No. 11162

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 CITY HOSP No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 3532 CALVERT AV.
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELENA CHERIE
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~~ JULIUS
6. (c) Age of husband or wife if alive —
7. Birth date of deceased JAN (Month) 25 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 4 If less than one day hr. min.

9. Birthplace BARRY Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
FATHER
12. Name AUGUST SASS
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name JULIA KOSZKOYSKI
15. Birthplace — (City, town, or county) POLAND (State or foreign country)
16. (a) Informant THEODORE CHERIE
(b) Address 3532 CALVERT AV. OVERLAND Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation ST JOHNS CEM. MANCHESTER
18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN Mo
19. (a) DEC 5-1947 (Date received local registrar) (b) J. Brelecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29 year 1947 hour 6 minute 30 p. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Pulmonary Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Patrick C. Taylor (M. D. or other)
Address Deputy Coroner Date signed 12-5-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1162

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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St. Louis 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.