

FILED APR 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 2763

Registrar's No. 1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 87 years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3852 Fairview	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3852 Fairview			
3. NAME OF DECEASED a. (First) ELEANORA (Type or Print)		b. (Middle) SACHSE c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) March 27, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1861
9. AGE (in years last birthday) 87		10. UNDER 1 YEAR Months	11. UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George Bischoff		13b. MOTHER'S MAIDEN NAME Barbara Duemmler	
14. NAME OF HUSBAND OR WIFE Albert Gustav Sachse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Edwin Sachse, 3902 Utah		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 8:05A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 1947	
24c. NAME OF CEMETERY OR CREMATORY Concordia		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY MAR 28 1949		REGISTRAR'S SIGNATURE J. B. Sauter	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis Av.	

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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 *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

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.